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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL.				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

004/16

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations							
Fort Dallas Truss Company							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this r	matter to the following:						
Manuel J. Menendez							
Name of Person							
Fort Dallas Truss Company							
Firm/Company							
7035 SW 44 ST							
Address							
Miami, FL 33155							
City/State and Zip Code							
besttruss@aol.com							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, ple	ease call:						
Manuel J. Menendez	305 667-6797						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section						
Registration Section							
Division of Corporations	Division of Corporations P.O. Box 6327						
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314						
Tallahassee, Florida 32301	Tananasso, i fonda 32317						
Enclosed is a check for the following an	nount:						
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Fort Dallas Tru	uss Co	mpany, (LIC		
2. (a)	7035 SW 44 STREET	(b	7035 S	W 44 STREET		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited (Note: MAY BE POST		
	Miami, FL 33155		Miami, I	FL 33155	<u></u>	
	09/02/2011		L110001	01069		
3. 5. (a)	Date of filing/registration in Florida Rene F Leoncio	4.	Unit of the control o	Document number		
- · (u)	Registered Agent and Registered Office shown on the records of the 8302 NW 103rd STREET	he Florida	Dept. of Stat	e:	هين	TAS
	Registered Office Address (MUST BE FLORIDA STREET A. Suite #106	<u>DDRESS</u>	2	_	5 APR	ECRE D
	Hialeah Gardens FL	33016		_	T PH	ASS. A
(b)	Jose Vazquez Blanco Enter name of NEW Registered Agent and/or NEW Registered Communication of NEW Registered Communication (NEW Registered Communication) NEW Registered Office Address:	Office add	lress:	-	12: 23	STATE LORIDA
	Miami , FL3	33155		-		
the char agent w was/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab.	he regis bility con the limi imited li	tered office mpany, it is ted liabilit	e and the business offices hereby confirmed that y company or as otherwapany.	ce of the at the ch	registered ange(s)
Signati	the of a member or authorized representative of a member		- Blanc	Printed or typed name of s	signee	·
rovisio he obli o mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act verforma for in C vreby co	in this cape nce of my hapter 605 nfirm that	acity. I further agree t duties, and I am famili , F.S. Or, if this docu the limited liability cor	to compl ar with ment is i mpany k	ly with the and accept being filed as been
Signatur	e of Registered Agent					