

11/15/2018

2018-11-15 09:56:47 CST

12122023573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000328672 3)))



H180003286723ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 NOV 15 AM 8:52

FILED

LLC REGISTERED AGENT CHANGE
ALLIED TRUCKING OF PALM BEACH, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2018 NOV 15 AM 10:45

Electronic Filing Menu

Corporate Filing Menu

Help

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. Name of the limited liability company: ALLIED TRUCKING OF PALM BEACH, L.C.
2. (a) 10761 NORTHWEST 89TH AVENUE
Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
HIALEAH GARDENS, FL 33018
- (b) 10761 NORTHWEST 89TH AVENUE
Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)
HIALEAH GARDENS, FL 33018

3. 04/19/2002
Date of filing/registration in Florida
4. L98000002772
Document number

5. (a) ARAZOZA & FERNANDEZ-FRAGA, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

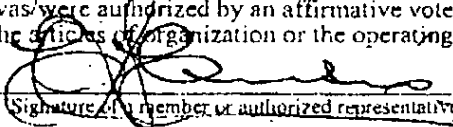
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
2100 SALZEDO STREET
CORAL GABLES, FL 33134

- (b) Miriam Cruz-Bustillo
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
2525 Ponce de Leon Blvd., Suite 250

Coral Gables, FL 33134

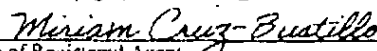
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Eduardo Cusco

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
18 NOV 15 AM 8:52
TALLAHASSEE, FLORIDA