## h21000099536

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Considerations to Filips Officer						
Special Instructions to Filing Officer:						

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SIIDI	ECT: 4C TRUCKING LLC		
3000	N	Name of Limited Liability Company	
Dear s	Sir or Madam:		
The e	nclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to the following:	
Melis	sa Jones		
	Name of Person		
ZenBı	rsiness Inc.		
	Firm/Company		<u>ء</u>
336 E	. College Ave. Suite 301		3 <u> </u>
	Address	<u></u>	
Tallah	assee, FL 32301	Signature of the state of the s	p 1 1
	City/State and Zip Code	ين جي المستخدم المست	
ra@ze	enbusiness.com		1
•	E-mail address: (to be used for future a	annual report notification)	
For fu	orther information concerning this matt	tter, please call:	
Mel	issa Jones	844 493-6249 at ()	
	Name of Person	Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the followi	ing amount:	
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## 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.

	ame of the limited liability company: 4C TRU			213 S.E. 4TH STREET	
2. (a)	Principal office address of limited liability company:		(b)_	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
	DANIA BEACH, FL 33004	<u> </u>	_	DANIA BEACH, FL 33004	
			-		
	02/23/2021		L	L21000089836	
3.	Date of filing/registration in Florida	4.	_	Document number	
5. (a)	Registered Agents Inc.				
- ( <del>-</del> /	Registered Agent and Registered Office shown on the records of	of the Flori	da D	Dept. of State:	
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STREE)	LODRE	221	. 2	
	STE 300			<b>022</b>	
	St. Petersburg , F	L33702		2022 JUL 1	
(b)	ZenBusiness Inc			ress: ₩ D	
` ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			res: 00 D	
	336 E. College Ave.			57	
	NEW Registered Office Address:				
	Suite 301			<del></del>	
	Tallahassee	L_32301			
change agent v was/we the arti	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe liability of of the li- e limited	red com mite l lia	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.	
/s/ Charles Fleury  Signature of a member or authorized representative of a member		<u>C</u>	Charles Fleury  Printed or typed name of signee		
-	·	mroo to a	at is		
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, din writing of this change.	<i>อ ทองรักรา</i>	ทกท	nce of my duties, and I am familiar with and accent	

Signature of Registered Agent