I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

that my name appears above, or on an attachment with all other like empowered.	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	VICTOR IOXA
------------	-------------

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title AMBR Name IOXA, VICTOR Address 4720 SALISBURY ROAD City-State-Zip: JACKSONVILLE FL 32256

DOCUMENT# L22000434594

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Entity Name: TRIUMPHANT LOGISTICS LLC

#### **Current Principal Place of Business:**

4720 SALISBURY ROAD JACKSONVILLE, FL 32256

## **Current Mailing Address:**

4720 SALISBURY ROAD JACKSONVILLE, FL 32256 US

## FEI Number: 36-5031868

# Name and Address of Current Registered Agent:

VICTOR, IOXA 4720 SALISBURY ROAD JACKSONVILLE, FL 32256 US

04/12/2024 GNATURE: VICTOR IOXA

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 12, 2024 Secretary of State 6970140463CC

Certificate of Status Desired: No

04/12/2024 Date

Date

OWNER