538949

(Requestor's Name)
(Address)
`
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: Jue's Truck Parts Inc.
Name of Corporation
DOCUMENT NUMBER: 538949
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sheet DENIBERG
Name of Contact Person Jre's Truck PWts, Le.
(mailing) P.U By 536521 (March Finid 32853
Firm/Company (mailing) P.U By 536521 (Manulu Forid 32853 Address Physical 17361 E. Hury 50 (Manulu Florida 32820) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Contact Person

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Area Code & Daytime Telephone Number

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CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The cle lasts INC.
2. The principal office address: 17361 EAST Highway 50
Oxfande Flivida 32820
3. The mailing address (if different): P.O. Bry 536521 Okland, Flinida 32853
4. Date of incorporation/qualification: <u>7-8-1917</u> Document number: <u>538949</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) David Schill Resigned
200 S. Which fre. Str 2300
Gelmed FL. 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): BRIAN GottschAIK GETTER RAGANS IIUN. Orland Are. P.O. Box NOT acceptable Ukland Flimida 32 F01

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

of an officer or director

 \square Shui Deneber KLA Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

JUTISCHFI

lyped or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314