	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	J DENNAS	
	SEP 2.0 2023	

Office Use Only



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FILED 2023 SEP 21 PH 12: 19

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2029 SEP 21 PM 2: 50

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

siatement of ch	ange is submitted for a corporati	or registered agent, or both, in the State of Florida.
	the corporation: BUCKLEY CAB	
2. The principal	office address: 3601 W. 9TH ST	. TRAINER, PA 19061
3. The mailing a	address (if different): PO Box 42	0266 Summerland Key, FL 33042
4. Date of incorporation/qualification: 07/19/2021 Document number:		21 Document number: F21000004040
5. The name and		sistered agent and registered office on file with the
	Buckley, Kevin, Pres	. 2
	19198 SE Daniels Lane Tequesta, FL 33469	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	1201 Hays Street	
P.O. Box NOT acceptable		
	Tallahassee	FL 32301
The street addre	ss of its registered office and th be identical.	e street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Signatur	e of an olyter or director	JUSSEN M GLIESSER TREAS. Printed or typed name and title
of my duties, and document is bein corporation has	the appointment as registered a comply with the provisions of a lam familiar with and accept a filed merely to reflect a chan been notified in writing of this a Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
BA: T Jude	ature of Registered Agent	9/19/2023
If signing on beh		Date
	,	
Ту	ped or Printed Name	-

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

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

CR2E045 (04/13)