L050QQ048462

Requestor's Name) (Address)	158 TATE ORIDA 000054494260
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	05/31/0501052017 **25
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	

Office Use Only

**25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the State	· ·
1. The name of the limite	d liability company is: SOUTHERN TRUCKING & HAULING, LLC.
2. The mailing address of	the limited liability company is: 766 N . THOMPSON STREET
STARKE, FLORIDA 32	
MAY 16, 2005	L05000048462
3. Date of filing/registrati	
5. Date of filling/registrati	ion in Florida 4. Document number
5. The name of the register Florida Department of	ered agent and the registered office address as shown on the records of the State: JIM GODWIN
	Name RT 5, BOX 5680
	Address LAKE BUTLER, FLORIDA 32054 City, State and Zip
6. The name and address of	of the new registered agent and/or office:
	City, State and Zip of the new registered agent and/or office: WILLIAM MATHEW DENSON
	of the new registered agent and/or office: WILLIAM MATHEW DENSON RT 4, BOX 3130 Name
	Florida street address (P.O. Box NOT acceptable)
	LAKE BUTLER FL 32054
	City, State and Zip
confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	mpany is not organized under the laws of the State of Florida, it is hereby hange or changes are made, the Florida street address of the registered office the registered agent will be identical. Or, in the case of a Florida limited reby confirmed that the change(s) was/were authorized by an affirmative vote of d liability company or as otherwise provided in the articles of organization or of the limited liability company.
WILLIAM M. DENSON	
(Printed or typed name of signee)	
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address. Whereby confirm	intment as registered agent and agree to act in this capacity. I further agree to so of all statutes relative to the proper and complete performance of my duties, a daccept the obligations of my position as registered agent as provided for in his document is being filed to merely reflect a change in the registered office that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00