

L07000017902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

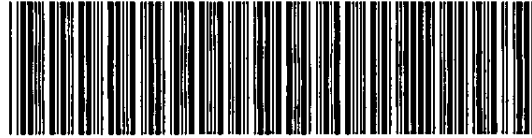
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16 MAY 17 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 06 2016

Y SULKER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT:

PARR Logistics LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTA E. SCHICCHI
Name of Person

PARR Logistics LLC
Firm/Company

443 ORBY ST
Address

Pensacola, FL. 32534
City/State and Zip Code

RSCHICCHI@TOWST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTA SCHICCHI at (850) 547-6472
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: PARR LOGISTICS LLC

2. (a) 908 NATUMS COVE RD (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

DANIA BEACH, FL 33004

2/16/07

3. Date of filing/registration in Florida

L 070000017902
26-0470485

4. Document number

5. (a) ROBERTA E. SCHICCHI
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

908 NATUMS COVE RD

DANIA BEACH, FL 33004

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

443 ORBY ST

NEW Registered Office Address:

PENSACOLA

FL 32534

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature] Signature of a member or authorized representative of a member

ROBERTA E. SCHICCHI Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature] Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (2/14)

FILED
16 MAY 17 PM 6:01
CLERK OF STATE
TALLAHASSEE, FLORIDA