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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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T. HAMPTON

AUG 1 2 2008

**EXAMINER** 

## **COVER LETTER**

	Division of Corporations			
	SUBJECT: Tony's	Trucking Enterprises LLC Name of Limited Liability Company)		
	O (	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:			
	Juan A. Rodviquez			
	(Name of Person)  (Name of Person)  (Firm/Company)			
Dr.a	0	·		
M. U.BOX	45 25 83 (Address)			
	Kissi mmee FL. 34745 (City/State and Zip Code)			
	For further information concerning this matter, please call:			
	Juan A. Rodríguez	at ( <u>407</u> ) <u>552 - 7631</u> (Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
	STREET/COURIER ADDRES 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 608.416 or 608.508 company submits the following statement in order to changin the State of Florida.	· 1 1
1. Name of the limited liability company:	Iracking Enterprises LL
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	566 Hunter Cir. Kissimmee FL 34758
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 452583 Kissimmee FL 34745
12/5/2007  3. Date of filing/registration in Florida	L 0 7 0001 209 77  Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Juan Kodríguez
Registered Office Address:	2617 WAlden Court
	Kissinnee, FL 34743
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	Juan H. Rodriguez
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Kissinmee FL 34743
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of rhember or authorized representative or member)  (Printed or typed name of signee)  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a change of Registered Agent)  (Signature of Registered Agent)	address of the registered office and the business see of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the
Division of Corporations, P.O. Box 6 FILING FEE:	
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