

L11000066929

(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:

Office Use Only



500293056825

12/08/16--01010--015 **25.00

FILED

2016 DEC -9 PM 5:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

K. SALY

DEC 12 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL FREIGHT 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:

GARBALOSA, Rolando
Name of Person

ALL FREIGHT LOGISTICS LLC
Firm/Company

7950 NW 53 st suite 124
Address

DORAL, Florida 33166
City/State and Zip Code

billing@LATREP.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARBALOSA, ROLANDO at (305) 876 6777
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: ALL FREIGHT LOGISTICS, LLC

2. (a) 7950 NW 53 st. (b) _____

Principal office address of limited liability company:

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

suite 124

DORAL, Florida 33166

Mailing address of limited liability company:

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

06/07/2011

3. Date of filing/registration in Florida

L11000066929

4. Document number

5. (a) RELIABLE Registry SERVICES INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

20533 Biscayne Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

suite 4908

Aventura

FL 33180

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

3200 Northwest 67th Avenue

NEW Registered Office Address:

Building 4 Suite 425

Miami

FL 33122

FILED
2016 DEC -9 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent