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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: JMS TRUCKING 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:							
Jeannie M. Stathas Name of Person							
JMS TRUCKING, LLC Firm/Company							
3734 13157 Ave N UNITA #15 Address							
Clearwater, FL 33762 City/State and Zip Code							
Justrucking 56 e quail. coy E-mail address. (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Vehinie M Stathas at (941) 306-8474 Name of Person Area Code & Daytime Telephone Nu	—— mber						
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 & Certified Copy							

INHS18 (2/14)

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.

l. Na	ame of the limited liability company:	TRUC	KING L	_LC	
2. (a)	3734 1315 AVE N	(b)	3734	13151	AVE N
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ()_	Mailing ad	dress of limited li	
	UNIT A #15		UNIT A		FFICE BOX
					33762
	CLearwater, FL 33762		CLEHI WA	Ter, FL	. 32762
	9-24 - 12		L120001	3001	
3.	9-24 /2 Date of filing/registration in Florida	4.		ent number	
5. (a)	STATHAS, Jeannie M.				
	Registered Agent and Registered Office shown on the records of t	the Florida Dep	ot. of State:		
	2502 N. HOWARD AVE				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>ADDRESS)</u>			
	Suite A				. 17
		<u>336</u>	07	17 77:4 27:7	APR
		مقت		31. v	78 I O
(b)	STATHAS JEANNIE M. Enter name of NEW Registered Agent and/or NEW Registered	Office address			•
			•	former 2	
	3734 131 ST AVE NORTH			983	
	NEW Registered Office Address:			7.	
	UNITA #15				
	CLEARWATER ,FL	337	62		
If the li	mited liability company is not organized under the law	vs of the Sta	—— te of Florida it i	s hereby confi	rmed that after
the char	nge or changes are made, the Florida street address of	the registere	ed office and the	business offic	e of the registered
was/we	will be identical. Or in the case of a Florida limited lia are authorized by an affirmative vote of the members o	f the limited	any, it is nereby liability compar	ny or as otherw	vise provided in
the artic	cles of organization or the operating agreement of the			11 5-0	_
Sixuat	ure of a member or authorized representative of a member		JEHANIE Printed o	r typed name of si	
		ee to act in t			_
provision the oblication to mere notified	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete positions of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performance I for in Chap vereby confi	e of mý duties, å oter 605, F.S. O rm that the limit	nd I am Jamilia r, if this docum ed liability com	ar with and accept nent is being filed npany has been
Signatur	e of Registered Agent				