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SECRETARY OF STATE

D. SCOTT JAN 1 0 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sup Express LLC Name of Limited Liability Compa	any
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter to the following:	
Matthew Dorion Name of Person	
Seip Etpress LLC Firm/Company	
4532 John Aue	
DeStin FL 32541 City/State and Zip Code	
Suprenfuls (a) mail (on E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Math. Davids 480,34	7/-8433 de & Daytime Telephone Number DDRESS:
STREET/COURIER ADDRESS: MAILING A Registration Section Registration S Division of Corporations Division of C Clifton Building P.O. Box 632 2661 Executive Center Circle Tallahassee, Florida 32301	Section Section Sections Section Secti

\$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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 በየ ኑን Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State. (MUST BE FLORIDA STREET ADDRESS) Registered Office Address NEW Registered Agent and/or NEW Registered Office address: Registered Office Address 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 pegistered office address, I hereby confirm that the limited liability company has been notified in priting of this change.

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

VHS18 (2/14)

Signature of Registered Agent