Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE ALLIED TRUCKING OF CENTRAL FLORIDA, LLC

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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. N	ame of the limited liability company:	ALLIED TRU	JCKING C	F CENT	RAL FLORIDA,	LLC	
2. (a)	10761 NORTHWEST 89TH A	VENUE	<u></u>	(b) 10761 NORTHWEST 89TH AVENUE			
2. (4)	Principal office address of limited li (Note: MUST BE STREET.		(0)	iv	failing address of limite (Note: MAY BE POS	ed liability comp	any:
	HIALEAH GARDENS, FL 330)81		HIALEA	H GARDENS, FI	L 33081	
	06/24/2013		L	1300009	0691	مريسيس مدينة فتة ويسيس سيهيد	
3.	Date of filing/registration in	i Florida	4.		Document number		
5. (a)	ARAZOZA & FERNANDEZ-F	RAGA, P.A.					
J. (a)	Registerial Agent and Registered Office sho	vn on the records of	the Florida D	ept. of State:			
	Registered Office Address (MUST BE F 2100 SALZEDO STREET, ST		ADDRESS)				
	CORAL GABLES	FI	33134				
(b)	Miriam Cruz-Bustiflo Enter name of NEW Registered Agent and/or NEW Registered Office address:				HOW I G AN		
	NEW Registered Office Address					7.0	
	2525 Ponce de Leon Blvd., Si	uite 250				Oitt	
	Coral Gables	, FI	33134			**	
the cha agent w way at the arti	ture of a member or authorized representative	street address of Florida limited li of the members of agreement of the of amember	f the registe ability com of the limited lial Edua	red office pany, it is ed liability bility comp rdo Cuso	and the business of hereby confirmed to company or as oth pany. CO Printed or typed name of the confirmed or typed name or typ	effice of the re that the chang terwise provide of signee	gistered (c(s) led in
provisi the obli to merc	ons of all statutes relative to the proping the statutes of my position as registered all reflect a change in the registered in writing of this change.	er and complete agent as provide office address, I	ree to act in performan d for in Che hereby con	ce of my d ce of my d apter 605, firm that th	cuv. I jurther agre uties, and I am fam F.S. Or, if this do ne limited liability o	te to comply viillar with and cument is beli company has	d accept ig filed been
Signatu	Missain Couz-Bustille re of Registered Agent		·				