11500006211

(Rec	questor's Name)					
(Address)						
(Address)						
(Cit	v/State/7in/Phon	a #1)				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
	····					
(Bu:	siness Entity Nar	ne)				
		<u></u>				
(Do	cument Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
		·				

Office Use Only



000293673490

12/28/16--01019--007 **25.00

16 DEC 28 AH 7: 01
SECRETARY OF STATE
TALL AHASSEE, FI OBJE

COVER LETTER

TO: Registration Section Division of Corporations	•				
SUBJECT: Made 4 Freight LC 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:					
Madeleine Rodriguez Name of Person	·····				
Madea Freight UC Firm/Company					
150 E Robinson St Unit 203 Address					
Orlando, FL 32801 City/State and Zip Code	<u> </u>				
mra made a freight. com E-mail address: (to be used for future annual report notif	fication)				
For further information concerning this matter, please call:					
Madelaine Rodnguez at (305	717-8965				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MA	AILING ADDRESS:				
	egistration Section				
	vision of Corporations				
	O. Box 6327				
Tallahassee, Florida 32301	ıllahassee, Florida 32314				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee	55 Filing Fee & Cartified Conv				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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.

i. Na	me of the limited liability company:Made	4 Freig	ht UC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing addres	s of limited liability company: **BE POST OFFICE BOX**
	Orlando, FL 32801			
3.	January 12, 2015 Date of iling/registration in Florida	_ <u>l</u>	_15000006	•
			Document :	number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:	
	Madelaine Rodríguez			
	Registered Office Address (MUST BE FLORIDA STREET)			
	150 E Robinson St Unit			SE TAL
	Orlando, FI	<u>. 3280</u>	1	CR.
(b)				TARY TASSE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>ss</u> :	, , ,
	Madelaire Rodriguez NEW Registered Office Address:		•	E. FLORI
				7:01 SIAIE
	1425 Mickelson Ct			* ***
	Davenport , FL	3389	î4	
If the li	imited liability company is not organized under the lange or changes are made, the Florida street address of	ws of the St	ate of Florida, it is he	ereby confirmed that after
agent v	will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of	ability com	pany, it is hereby con	nfirmed that the change(s)
	cles of organization or the operating agreement of the			or as otherwise provided in
Signat	ture of a member of authorized representative of a member	<u> </u>	adelai'ne K Printed or typ	odnísuez ped name disignee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change	ree to act in performanced for in Cha hereby conf	• • • • • • • • • • • • • • • • • • • •	• •
Signatur	re of Registered Agent			