L15000 132 799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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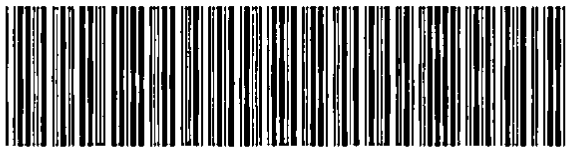

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2019 JUL 29 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL

AUG - 1 2019

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** LONGBOX ENTERPRISES, 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:

TARA ALLEN
Name of Person

LONGBOX ENTERPRISES, LLC
Firm/Company

PO BOX 21
Address

LAKE HAMILTON, FL. 33851
City/State and Zip Code

DISPATCH@LONGBOXFREIGHT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARA ALLEN at (321) 444-9942
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

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.*

1. Name of the limited liability company: LONGBOX ENTERPRISES, LLC

2. (a) 4173 CRUMP RD
SUITE 35
WINTER HAVEN, FL. 33881
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

(b) PO BOX 21
LAKE HAMILTON, FL. 33851
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

3. 08/04/2015
Date of filing/registration in Florida

4. L15000132799
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. SEMORAN BLVD
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
SUITE 36
ORLANDO, FL 32822

(b) TARA ALLEN
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4173 CRUMP RD
NEW Registered Office Address:
SUITE 35
WINTER HAVEN, FL 33881

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SECRETARY OF STATE
TALLAHASSEE, FL

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

TARA ALLEN
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

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

INHS18 (2/14)