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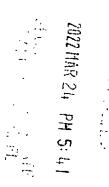
(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
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O SIMMONS

COVER LETTER *

TO: Registration Section Division of Corporations	
AK TRUCKING, LLC SUBJECT:	
Name of Limited I	iability 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:
ANTONIO L BENJAMIN SR	
Name of Person	
AK TRUCKING, LLC	
Firm/Company	
8810 SONNYBOY LANE, APT 14203	
Address	
PENSACOLA, FL 32514	
City/State and Zip Code	
ATJ1229@GMAIL.COM	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
OZELLA F BENJAMIN 850	910-5889
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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. N	ame of the limited liability company: AK TRUCKING	i, LLC	·		
2. (a)			(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST)	liability company:
	8810 SONNYBOY LANE, APT 14203		8810 SON	INYBOY LANE, APT 14	1203
	PENSACOLA, FL 32514	···	PENSACO	OLA, FL 32514	
	FEBRUARY 22, 2016		L16000036.	532	
3.	Date of filing/registration in Florida	 4.		Document number	· · · · · · · · · · · · · · · · · · ·
5. (a)					<u>r~2</u>
J. (a)	Registered Agent and Registered Office shown on the records of	Cthe Florie	la Dent of Stat		ù27
	United States Corporation Agents, Inc.	i die i ioiti	as trept. or state	ic.	2022 NAR
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	(Z)	_	. 24
	5575 S. Semoran Blvd., STE 36	1122143	<u>,</u>		
	ORLANDO			_	PH C
	, FI	L <u>32822</u>	···	_	5.
(b)	Enter name of NEW Registered Agent and/or NEW Registered	A (ME		_	
	NEW REGISTER Agent and or NEW REGISTER	u Omce a	ooress:		
	ANTONIO L BENJAMIN SR				
	NEW Registered Office Address:			_	
	8810 SONNYBOY LANE, APT 14203				
				_	
	PENSACOLA	32514			
	, FL		···········	-	
inange igent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	ed office and ompany, it is nited liability	d the business office of s hereby confirmed that y company or as others	the registered
(Xze)	ure of a member or authorized representative of a member	Q	zella F	Benjamin. Printed or typed name of si	
				• •	-
he obli o merc notifica	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change.	ree to ac perform d for in (hereby c	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further agree to luties, and I am familia , F.S. Or, if this docum he limited liability com	o comply with the or with and accept nent is being filed upany has been
Signatui	e of Registered Agent				

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