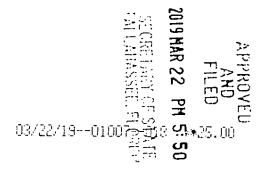
L 16000096421

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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1.0'n/10

COVER LETTER

то:	Registration Section Division of Corporations				
SUB.	JECT:	NG LLC			
	Nan	ne of Limited L	iability Company		
Dear	Sir or Madam:				
The c	enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filin	ıg.	
Pleas	se return all correspondence concerning th	is matter to the	following:		
МОІ	RRIS NEELEY				
	Name of Person		<u> </u>		•
NEE	ELEY & SONS TRUCKING LLC			2019	
	Firm/Company	-	<u> </u>	DECRUTARE NATIONAL PARTIES	3. Adv
272	0 US HWY 90			22 PH	TES SE
	Address			F 5:	<u>-</u>
LAK	E CITY, FL 32055			营	
	City/State and Zip Code				
mor	ris.kelley@icloud.c0m				
	E-mail address: (to be used for future and	ual report noti	fication)		
For f	further information concerning this matter.	, please call:			
MOF	RRIS NEELEY	810	444-4440		
	Name of Person	at (Area Code & Daytime Tel	lephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Ro D P.	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	□ s	55 Filing Fee & Certified Co	ру	

TO:

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

1. N	ame of the limited liability company:	NEELEY & S	ONS T	RUCKING	LLC			
2. (a)	2720 US HWY 90, LAKE CITY	, FL 32055	(b	2720 US	6 HWY 90, LA	KE CITY, FL 32055		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	3-19-19			L1600009	96421			
3.	Date of filing/registration in	Florida	4.		Document numb	per		
5. (a)	NEELEY, MORRIS D							
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 537 SW BOZEMAN COURT							
	Registered Office Address (MUST BE F.	20						
	LAKE CITY	FI	32024		·	2 - A		
(b)	N/A		·			APPROVEU FILED FILED SECTIONS SEED		
	Enter name of NEW Registered Agent and/	or <u>NEW Registerer</u>	d Office add	<u>lress</u> :		199 3		
	2720 US HWY 90			,	_	5: 50 FLOPID		
	NEW Registered Office Address:					**		
	LAKE CITY	FI	32055					
the cha	imited liability company is not organi inge or changes are made, the Florida will be identical. Or, in the case of a F	zed under the la street address o	ws of the	tered office	and the busines	s office of the registered		

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

MORRIS NEELEY

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

morres nec Signature of Registered Agent