

L16000133225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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JUL 29 2016

N. CAUSSEAU

COVER LETTER,

TO: Registration Section
Division of Corporations

SUBJECT: 24 AMERICAN TRUCK 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:

ALBA E VIVAR

Name of Person

MIAMI DISPATCH & CARRIER SERVICES

Firm/Company

80450 NW 95TH ST STE 106

Address

HIALEAH GARDENS, FL 33016

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBA E VIVAR at (305) 822-0255
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 foilowing amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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: 24 AMERICAN TRUCK LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
5 JUNIPER PASS PL 5 JUNIPER PASS PL
OCALA, FL 34480 OCALA, FL 34480

3. 07/14/2016 4. L16000133225
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
RODOLFO MERCHAN URQUIOLA
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
545 SILVER COURSE CT
OCALA, FL 34472

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DEPT. OF STATE

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
RODOLFO MERCHAN URQUIOLA
NEW Registered Office Address:
5 JUNIPER PASS PL
OCALA, FL 34480

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.

NR _____ RODOLFO MERCHAN URQUIOLA
Signature of a member or authorized representative of a member 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.

NR _____
Signature of Registered Agent