## 4600141655

(R	equestor's Name)					
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J. LEGGETT APR 1 9 2018

## **COVER LETTER**

TO:

INHS18 (2/14)

ro: Registration Section Division of Corporations					
Mooove It Moving & Storage, L	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 n	natter to the following:				
Brandon Smith					
Name of Person	<del></del>				
Mooove It Moving & Storage, LLC					
Firm/Company					
217 3rd Street					
Address					
Bonita Springs, FL 34134					
City/State and Zip Code					
sales@moooveitmoving.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	ease call:				
Brandon Smith	954 895-3598 at ()				
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 an	nount:				
☑ \$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. N	ame of the limited liability company:	Mooove It Mo	oving & Stora	ige, LLC	
2. (a)	217 3rd Street Bonita Springs	·	(b)		
. (a)	Principal office address of limited I (Note: MUST BE STREET		(0)	•	ss of limited liability company:  Y BE POST OFFICE BOX)
	07/26/2016			00141655	
3.	Date of filing/registration i	n Florida	4.	Document	number
	SKB Trucking Permits & Logi				
5. (a	Registered Agent and Registered Office sho	<u>-</u>	the Florida Dept.	of State:	<b>~</b> 2
	10911 Harmony Park Drive		•		ATTE
	Registered Office Address (MUST BE	FLORIDA STREET	ADDRESS)	<del></del>	APR 18
	Bonita Springs	, FI	34135	<del></del>	2018 APR 18 PM 10: 47
(b)					- F
, ,	Enter name of NEW Registered Agent and	I/or NEW Registered	Office address:		•
	10811 Majuro Drive				
	NEW Registered Office Address:				
	Jacksonville	FI	32246		
the ch agent was/w	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a vere authorized by an affirmative vote ticles of organization or the operating	nized under the la a street address o Florida limited li of the members	ws of the State f the registered ability compan of the limited li	office and the buy, it is hereby cor ability company by company.	isiness office of the registered infirmed that the change(s)
/Sive	ature of a member or authorized representative	e of a member	brandon		rped name of signee
I here provis the ob to me	eby accept the appointment as registerions of all statutes relative to the problem of my position as registered rely reflect a change in the registered of my position as registered of the registered of this change.	ered agent and ag oper and complete I agent as provide	e performance of ed for in Chapte	s capacity. I furi of my duties, and er 605, F.S. Or, i	ther agree to comply with the I am familiar with and accep if this document is being filed

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

Signature of Registered Agent