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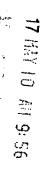
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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COVER LÉTTER

TO: Registration Section Division of Corporations						
SUBJECT: F.O. E. Hauling Name of L	imited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	ter to the following:					
Juanita Flores Name of Person						
N/A Firm/Company	 					
10120 Geni Hill Cir. S. Address						
Tacksonville, FL 32225 City/State and Zip Code	<u> </u>					
ODIS (2017(9) gmail · (0) E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, please	e call:					
Juanita Flores at	904, 2520419					
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. Na	ame of the limited liability company: F.O.E.	Hau	lina	LLC			
	10120 Con: Hill Cir. S.	(b)		20 Geni	Hille	Cic	<u>C</u> .
 · (- ·)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(4).		Mailing address of lir	mited liabili	ty comp	
	Tacksonville FL 3025		tac	Kon Wild	-		
	jucpsonving, FC suc-	-	740	1301101119	-, FC	00	<u></u>
		-					
	11/3/2016		1 1/1	000 2024=	7-(,		
3.	Date of filing/registration in Florida	4.	<u> </u>	Document numb			
5. (a)	Kristopher L. Carabell	0					
(-)	Registered Agent and Registered Office shown on the records of the	Florida E	Dept. of Sta	te:			
	10/20 Geni Hill Cic. S.			_			
	Registered Office Address (MUST BE FLORIDA STREET ADD	<u>DRESS)</u>			1.4	17	w *
				_			
	Jacksonville, FL3	3272	۵	_		<u></u>	
(b)	Juanita Flores					254	. 3
(6)	Enter name of NEW Registered Agent and/or NEW Registered Of	fice addr	ess:	_		ું: કું	`
	10120 Geni Hill Cir. S.					13.	
	NEW Registered Office Address:		•	_			
				_			
	Tacksonville , FL	322	25	_			
If the I	limited liability company is not organized under the laws	of the S	tate of F	lorida, it is hereby	confirme	ed that	after
agent v	ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabi	lity con	npany, it	is hereby confirm	ed that the	e chang	ge(s)
	ere authorized by an affirmative vote of the members of the diction of the diction of the operating agreement of the line.				otherwise	provid	ded in
4			•		. Ca	rab	0110
/	ature of a member or authorized representative of a member						
I here provis	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided f rely reflect a change in the registered office address, I her	to act i rformai or in Cl	n this cap nce of my hanter 60	pacity. I jurther a duties, and I am j 5 FS Or if this	gree 10 cc familiar v documen	ompiy v vith an ot is hei	with the d accept no filed
to mer notifie	rely reflect a change in the registered affice address, I her ed in writing of this change.	reby coi	ifirm that	the limited liabil.	ity compa	iny has	been .
	Handle Co	y c	ione	tath	ne?	\mathcal{N}^{1}	W)
Signati	Great Registered Agetu				, - \		
•	Division of Corporations • P.O. Bo	1.6327 €	Tallaha	ssee, FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)