## L17000058127

(Requestor's Name)						
(Address)						
(100.000)						
(Address)						
(City/State/Zip/Phone #)						
(Gity/State/Zip/Priorie #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300347181293

06/30/20--01028--014 \*\*25.00

FILED 2020 JUN 30 PH 1: 02 SECRETARY, OF STATE

D. BRUCE AUG 1 6 2020

## **COVER LETTER**

TO:	Registration Section		•	22	***		
10.	Division of Corporations			~°.	•		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rja e				
SHR	JECT: TRIPLE S FREIG	HT LLC					
<b>ЭОВ</b>		lame of Limited	Liability Company			-	
Dear	Sir or Madam:						
The c	enclosed Registered Agent/Registered (	Office Change an	d fee(s) are submitted for	filing.			
Pleas	e return all correspondence concerning	, this matter to the	: following:				
	ELMER REYES						
	Name of Person						
	TRIPLE S FREIGHT LLC						
	Firm/Company						
	212 NW 45 ST.					~	
	Address				SECR TAL	020 J	e ripa
MIAMI, FL 33127					LAH!	2020 JUN 30	3 
	City/State and Zip Cod	e			355VH		17
LEONELLER7733@GMAIL.COM					(1) AT (2)	PM 1: 02	
	E-mail address: (to be used for future	annual report not	ification)		( <u></u> !	2	
For f	urther information concerning this mat	ter, please call:					
ELM	ER REYES	617 at (	697-0587				
	Name of Person	a. (	Area Code & Daytime	: Telepho	one Numb	er	
	Mailing Address:		Street Address:				
	Registration Section		Registration Section	n			
	Division of Corporations		Division of Corpora				
	P.O. Box 6327		The Centre of Talla				
	Tallahassee. FL 32314		2415 N. Monroe St.		te 810		
			Tallahassee, FL 323				
	Enclosed is a check for the follow	ing amount:					
	■ \$25 Filing Fee	_	\$55 Filing Fee & Certified	d 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.

Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 212	NW 45 ST #B MIAMI, FL 33127
· · · · · · · · · · · · · · · · · · ·	_ \''/	
		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Date of filing/registration in Florida ELMER L. REYES	4.	Document number
Registered Agent and Registered Office shown on the records of 212 NW 45 ST APT B	of State:	
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del>
MIAMI, FI	33127	Z020 JUN 30 SECRETAR TALLAHA
XINNIA JURADO		LAHA
Enter name of NEW Registered Agent and/or NEW Registered	ARY OF STATE  ARASSEE, FL	
NEW Registered Office Address:	02	
mited liability company is not organized under the lay or changes are made, the Florida street address of the	vs of the State registered offi	ice and the business office of the registered
re authorized by an affigmative vote of the members of the operating agreement of the	of the limited li limited liabilit	ability company or as otherwise provided i
v decent the appointment as registered agent and agr	ee to act in thi	s canacity. I further agree to comply with .
	Registered Agent and Registered Office shown on the records of 212 NW 45 ST APT B  Registered Office Address (MUST BE FLORIDA STREET).  MIAMI	registered Agent and Registered Office shown on the records of the Florida Dept.  212 NW 45 ST APT B  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  MIAMI FI. 33127  MINNIA JURADO  Inter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address: