## L17000126529

(Requestor's Name)
(Address)
(Address)
( (ddiedd)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,,,
(Document Number)
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## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJI	change of address	
	Name	of Limited Liability Company
Dear S	ir or Madam:	
The er	aclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Juan	Soldevila	ers ers
	Name of Person	رب درب
		, , , , , , , , , , , , , , , , , , ,
Victo	ry Roadway Trucking, LLC	
	Firm/Company	
4426	S Lake Calabay Dr	
	Address	
Orla	ndo FI 32837	
	City/State and Zip Code	
_	@victoryroadwaytrucking.com	
<del></del>	E-mail address: (to be used for future annu	al report notification)
For fi	urther information concerning this matter, p	please call:
Mari	a Arsuaga	787 425-7067
<del></del>	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	<b>☑</b> \$55 Filing Fee & Certified Copy
INHS	518 (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

rrincipal office addres	Dr, Orlando Fl 32837	(b) PO Box 700307 St Cloud, FL 34770		
( <u>Note: MUST F</u>	SE STREET ADDRESS	1	Mailing address of limiter (Note: MAY BE POS)	liability on-
(a) June 12 2018	istration in Florida  Office shown on the records of the F	4. I	Document number	19. A 6.
	Harlequin Dr. St Cloud, F	Torida Dept. of State:		—
Registered Office Address (M 3424 Harlequin Dr.,	AUST BE FLORIDA STREET ADD	RESS)	•	
St Cloud				
or oloud	245			
	, FL,	772		
)	, FL,	772		
Enter name of NEW Registered	FL 34 /			
New office address	Agent and/or NEW Registered Offic			
New office address  New Registered Office Address:	Agent and/or NEW Registered Offic			
Enter name of NEW Registered.  New office address	Agent and/or NEW Registered Offic			
New office address  New Registered Office Address:	Agent and/or NEW Registered Offic	¢ address:	-	
New office address  New Registered Office Address:  4426 Lake Calabay Dr  Orlando  limited liability company is not ange or changes are made, the will be identical. Or, in the calabay by an affirmatical by an affirmatical of organization or the open authorized by an affirmatical of organization or the open authorized representative of a member or authorized representative appropriate of the	Agent and/or NEW Registered Office  The organized under the laws of a Florida street address of the rese of a Florida limited liability ve vote of the members of the herating agreement of the limited	the State of Florid egistered office and company, it is he limited liability compared liability company.	rehy confirmed that ompany or as otherw ly.  a Lear I learn from the confirmed of typed name of significant confirmed to typed name of significant confirmed to the confirmed that the confirme	the change(e) ise provided in