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## COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: FEMMAL TRUCKING 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:									
Keviu (Ferval Name of Person	_								
FENNAL TRUCKING CLC Firm/Company	_								
20435 SE Highway 42	·····								
Unatilla FL 32784 City/State and Zip Code	_								
Kevin feeral 73 @ TCLOOD. COM E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Keur L Ferral at 609 Name of Person	) 314 – 2289 Area Code & Daytime Telephone Number								
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								

S55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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	me of the limited liability company: FEMNAC	TI	ZUCK	1NG (			
2. (:	a)	20435 SF HW/ 42	_ (b			of Gra		
		Principal office address of limited liability company:		M	lailing address of lit (Note: MAYBE I			
		(Note: MUST BE STREET ADDRESS)		1 / 5	1	N.	1012 100	<u>.s</u> /
		Umatilare		$-V_{I}\Delta$	eland.	170	·	
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		06 28 2017	_	L17	1000	048	32	
3.		Date of filing/registration in Florida	4.	Ī	Document numb	oer		
5. (	'a 1	2067 SF Berkshiz Blu	. لحر					
	,	Registered Agent and Registered Office shown on the records of the		Dept. of State				
		Port St lucie FL 349	52					
		Registered Office Address (MUST BE FLORIDA STREET AL		1				
							2021	
							024 APR	المراسه
		, FL	_					AESTERN R R
.1	b)	20435 SE Highway 4:	2			<u>.</u>	16	
()	(1)	Enter name of NEW Registered Agent Sod/or NEW Registered O	Office ado	tress:		, : 5	PH	
							<del></del>	
		Umafilla FL 32789				ا ، ا	55	
		NEW Registered Office Address:						
		,FL_						
If th	e li	imited liability company is not organized under the laws	of the	State of Flor	rida, it is hereby	confirm	ed that	after the
char	ıgc	or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab	egistere	d office and	the business of	fice of th	e regist	ered
was	wi	re authorized by an affirmative vote of the members of	the lim	ited liability	company or as	otherwise	e provid	led in
the :	ırti	cles of organization or the operating agreement of the li	mited li	ability comp	pany.		_	
<u></u>		ture of a member or authorized representative of a member		175012	Printed or typed na			<del></del> -
_								eith the
rne prov	isi	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe	erforma Event	in inis capac ince of my di Tourise 605	uties, and Lam )	lamiliar v	vith and	l accept no filed
to m	nu leri a -	ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j ty reflect achange in the registered office address, I he	rehy co	ntirm that th	ic limited liabili	ity compa	my has	been
поц	μςα	I'm writing of this change.						
Sign	atu	re of Registered Agent						