

L17 000140482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

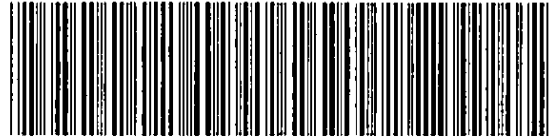
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FENNAL TRUCKING LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin L Fennal
Name of Person

Fennal Trucking LLC
Firm/Company

2067 SE Berkshire Blvd.
Address

Port St Lucie FL 34952
City, State and Zip Code

Kevin.fennal73@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin L Fennal at 609.314.2289
Name of Person 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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

INHS182 (4)

**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. Name of the limited liability company FEMMAL TRUCKING LLC
2. (a) 2067 SE Berkshire Blvd (b) 1239 Forest Grove Road
Principal office address of limited liability company Mailing address of limited liability company
(Must be Florida street address) (Must be post office box)
- Port St Lucie FL Vineland NJ
34952 08360
- 06282017 C170001-10482
3 Date of filing registration in Florida 4 Document number

5. (a) 20435 SE Highway 42
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Umatilla FL 32784
Registered Office Address (Must be Florida street address)

- (b) 2067 SE BERKSHIRE BLVD
Former name of N.W. Registered Agent and/or N.W. Registered Office address
Port St. Lucie FL 34952
N.W. Registered Office Address

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Kevin L Fernald
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

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