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12/05/17--01011--011 **25.00

COVER LETTER

Registration Section Division of Corporations	
JOHN US TRUCKING LLC	я
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
ELISA CERVANTES CARRIO	
Name of Person	
JOHN US TRUCKING	
Firm/Company	·
6819 N THATCHER AVE	
Address	
TAMPA,FLORIDA 33614	
City/State and Zip Code	
ELISACERVANTE2608@GMAIL.COM	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
ELISA CERVANTES CARRIO	813 580 1157
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 followin	g 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.

(b) 6918 N THATCHER AVE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) TAMPA FL 33614 L17000177751 Document number Prida Dept. of State:
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) TAMPA FL 33614 L17000177751 Document number Frida Dept. of State:
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the State of Florida, it is hereby confirmed that after registered office and the business office of the registered by company, it is hereby confirmed that the change(s) is limited liability company or as otherwise provided in ted liability company. ELISA CERVANTES CARRIO Printed or typed name of signee of act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been