L17000729967

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

	gistration Section	•			
SUBJECT:	Rolle's Trucking LLC				
5000001	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	d Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.			
Please retur	n all correspondence concerning this matte	er to the following:			
Jeramie Roll	e				
	Name of Person				
Rolle's Truck	king LLC				
	Firm/Company				
21 NE 23rd S	Street				
	Address				
Cape Coral F	Florida 33909				
	City/State and Zip Code				
jeramie.rolle	@gmail.com				
E-mai	l address: (to be used for future annual rep	ort notification)			
For further	information concerning this matter, please	call:			
Jeramie Roll	e at (239 203-1634			
	Name of Person	Area Code & Daytime Telephone Number			
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the following amou	nt:			
= \$	325 Filing Fee	□ \$55 Filing Fee & Certified Copy			

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.

(a)	21 NE 23rd Street Cape Coral Florida 33909 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	21NE	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/21/2017		L17000229	9967
	Date of filing/registration in Florida	4.	· · · - · · ·	Document number
(a)	Ishmael Rolle			
1,31,1	Registered Agent and Registered Office shown on the records of		Dept. of Sta	ate:
	21 NE 23rd Street			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>, </u>	_
	Cape Coral			
		33909		_
	, FI			- 20 Ss
(b)	Jeramie Rolle			2021 JAN Section
,	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	iress:	
	21 NE 23rd Street			27
	NEW Registered Office Address:			— ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Cape Coral			9: 35
	- Cape Colui			_ 3 3
	FI	33909		
_				
	imited liability company is not organized under the la- or changes are made, the Florida street address of the			
it v	will be identical. Or, in the case of a Florida limited liese authorized by an affirmative vote of the members of	ability co	npany, it i	is hereby confirmed that the change(s)
	cles of organization or the operating agreement of the			
1	ture of a member or authorized representative of a member	7	eran	Printed or typed name of signee
gnai	ture of a member or authorized representative of a member			Printed or typed name of signee
rei	by accept the appointment as registered agent and agr	ee to act	in this cap	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Ishmael Rolle Signature of Registered Agent