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Enclosed is a check for the following amount:			
Tallahassee, Florida 32301	i ananassee, i 10/10a 52.514		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
Registration Section	Registration Section		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Xame of Person	Area Code & Daytime Telephone Number		
Rodney Maxwell at (904, 716-2545		
For further information concerning this matter, please	e call:		
E-mail address: (to be used for future annual re	port notification)		
r Maxwella lanferntra E-mail address: (to be used for future annual re	We Kinda Cam		
Sack-SONVille F1 3227 City/State and Zip Code	/ - Y		
JORK-SONVILLE E1 200	14/		
Address			
5530 Cabot Dr N.			
<u>Lantern Trueking</u> . Firm/Company	LLC		
Name of Person			
Rochrey Maxwell	-		
Please return all correspondence concerning this mat	tter to the following:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Dear Sir or Madam:			
SUBJECT: <u>Lantern Truc</u> Name of L	Limited Liability Company		
autoral Tour	ak into 1 h O		
TO: Registration Section Division of Corporations			

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. N	ame of the limited liability company:	ern Truckin	chic
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of (Note: MAY I	of limited liability company: BE POST OFFICE BOX)
	5530 Cabot Drive North	50N Laur	a St Suite 200
	5530 Cabot Drive North Jacksonville, FI 32244	Jackeon/v,/	1/4, F1 32202
	_/1-10-17	L170002	33314
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the	y Frazier	
	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State;	
	Registered Office Address (MUST BE FLORIDA STREET AL	jago	
	Registered Office Address (MÚST BE FLORIDA STREET AL	ODRESS)	
	5530 Cabot Erive North		· 72 18
	Jacksonvilla FL	12244	E T
(b)	- Rachel Mc Conago		E TO FILE
(17)	Enter name of NEW Registered Agent and/or NEW Registered O		2 € 0
			LORN:
			5 A A
	NEW Registered Office Address:		Q -
	, FL		
If the li	imited liability company is not organized under the laws	of the State of Blasida, it is has	aby confirmed that after
the cha	nge or changes are made, the Florida street address of th	ne registered office and the busing	ness office of the registered
agent v was/wa	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of t	ility company, it is hereby confi	irmed that the change(s)
the arti	cles of organization or the operating agreement of the lin	mited liability company.	as otherwise provided in
//	ure of a flember or authorized representative of a member	Rockey/Max	well
Signal	ure of a flember or authorized representative of a member	Printed or typec	d name of signee
l hereb provision the oblito mene notifica	or accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address. The linfyriting of this change,	to act in this capacity. I furthe erformance of my duties, and I a for in Chapter 605, F.S. Or, if t reby confirm that the limited lia	er agree to comply with the im familiar with and accept his document is being filed ibility company has been

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