L18 000057029

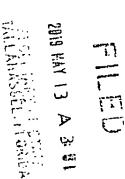
(Requestor's Name)					
(Address)					
(Address)					
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PICK-UP WAIT MAIL					
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MAY 21 2000 T. LUTEMEUK

COVER LETTER

TO: Registration Section Division of Corporations	_				
SULIER TRANSPORT LI	LC .				
	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	g this matter to the following:				
MARSHA SIHA					
Name of Person					
INCFILE.COM LLC					
Firm/Company					
17350 STATE HWY 249 STE 220					
Address					
HOUSTON, TX 77064					
City/State and Zip Cod	le				
EFILE1234@INCFILE.COM					
E-mail address: (to be used for future	annual report notification)				
For further information concerning this mat	tter, please call:				
MARSHA SIHA	855 829-9090				
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 follow	ing 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.

1. N	ame of the limited liability company: SULIER TRAI	NSPO	RT LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (t)	Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	440 SE LAKEVIEW DR		1025 CC	LLIER BLVD
	KEYSTONE HEIGHTS, FL 32656		ST AUG	USTINE, FL 32084
	03/05/2018		L1800005	57029
3.5. (a	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number
J. (a	Registered Agent and Registered Office shown on the records of the	ne Florida	a Dept. of State	: ::
	Registered Office Address	DDRESS	<u></u>	
	FORT MYERS	33907		
(b)	CHARLES SULIER			W IT
	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	ldress:	
	NEW Registered Office Address:			
	440 SE LAKEVIEW DR			
	KEYSTONE HEIGHTS	32656		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liaberer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law.	the regi bility co f the lin imited	stered office ompany, it is nited liability liability con	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
	Signature of a member or authorized representative of a member			ULIER - AMBR
I here provis the ob- to med notific	while on a member of administed representative of a member of the appointment as registered agent and agressions of all statutes relative to the proper and complete pligations of my position as registered agent as provided selv reflect a change in the registered office address. I have in writing of this change.	ee to ac perform for in (ereby c	t in this capa nance of my o Chapter 603 confirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent