

L18 0000057029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400329127724

05/13/19--01031--002 +425.00

FILED  
2019 MAY 13 A 3:51  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

MAY 21 1973

T. LEMELX

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SULIER TRANSPORT LLC

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 this matter to the following:

MARSHA SIHA

Name of Person

INCFE.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA

Name of Person

at ( 855 ) 829-9090

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 following amount:**

☒ \$25 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.*

1. Name of the limited liability company: SULIER TRANSPORT LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

440 SE LAKEVIEW DR

1025 COLLIER BLVD

KEYSTONE HEIGHTS, FL 32656

ST AUGUSTINE, FL 32084

03/05/2018

L18000057029

3. Date of filing/registration in Florida

4. Document number

5. (a) LEGALINC CORPORATE SERVICES INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5237 SUMMERLIN COMMONSSUITE 400

FORT MYERS, FL 33907

(b) CHARLES SULIER

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

440 SE LAKEVIEW DR

KEYSTONE HEIGHTS, FL 32656

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.

Charles Sulier

Signature of a member or authorized representative of a member

CHARLES SULIER - AMBR

Printed or typed name of signee

*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.*

Charles Sulier

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00