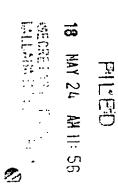


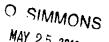
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





05/24/18--01003--012 **25.00





COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	YUNIOR ALMAGUER TRUCKING LLC					
	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please returr	all correspondence concerning th	is matter to the	following:			
YUNIOR A	ALMAGUER					
	Name of Person					
YUNIOR A	ALMAGUER TRUCKING LLC	•				
	Firm/Company					
18760 SW	248TH STREET					
	Address					
HOMESTE	EAD, FL 33031					
	City/State and Zip Code		_			
YUNIORL	OREN28@HOTMAIL.COM					
E-mail	address: (to be used for future ann	ual report notif	ication)			
For further is	nformation concerning this matter,	please call:				
YUNIOR A	LMAGUER	786 at (848-9853			
	Name of Person		Area Code & Daytime Telephone Number			
	EET/COURIER ADDRESS:	AILING ADDRESS:				
	stration Section sion of Corporations	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	sion of Corporations on Building					
	Executive Center Circle					
	ahassee, Florida 32301	1 a	Hanassee, Frontae 52514			
Enci	losed is a check for the following	amount:				
2 \$2	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. N	lame of the limited liability company: YUNIOR ALM	1AGU	ER TRUCI	KING LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MARCH 29, 2018		L180000	81191
3.	Date of filing/registration in Florida	4 .		Document number
5. (a	NANCY S SALINAS			
J. (u	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 18760 SW 248TH STREET HOMESTEAD, FL 33031 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 18760 SW 248TH STREET			The state of the s
		33031		
(b)	YUNIOR ALMAGUER Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	- F
	18760 SW 248TH STREET HOMESTEAD,			
	NEW Registered Office Address:			_
	18760 SW 248TH STREET			_
	HOMESTEAD	33031	l	
the ch agent was/w	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regability of the linited	istered offic company, it i mited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sign	ature of a member or authorized representative of a member	-		Printed or typed name of signee
provis the ob	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I have in writing of this change.	ree to ac perform d for in hereby	ct in this cap nance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Stormer	ure of Registered Agent			
are High	men menorina ugam			