

L18000201828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

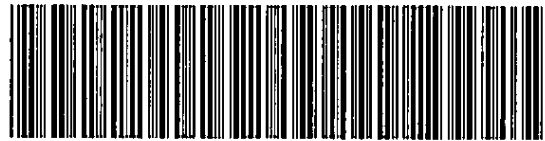
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
20 AUG 21 AM 11:03

C. Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOMO TRUCKS LOGISTICS 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:

CAROLINA LOZANO

Name of Person

MOMO TRUCKS LOGISTICS LLC

Firm/Company

13048 Sandy Pine Lane

Address

Clermont, Florida 34711

City/State and Zip Code

cgomeczgs@gmail.com

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

For further information concerning this matter, please call:

CAROLINA LOZANO

305

316-6478

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
TALLAHASSEE
DIVISION OF STATE
CORPORATION
20 AUG 21 AM 11:03

**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: MOMO TRUCKS LOGISTICS LLC

2. (a) MOMO TRUCKS LOGISTICS LLC (b) MOMO TRUCKS LOGISTICS LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

13048 Sandy Pine Lane

Clermont, Florida 34711

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

13048 Sandy Pine Lane

Clermont, Florida 34711

08/22/2018

L18000201828

3. Date of filing/registration in Florida 4. Document number

5. (a) PRODEZK INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5040 NW 7TH ST

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

SUITE 705

MIAMI, FL 33126

(b) HERNANDO DUQUE
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

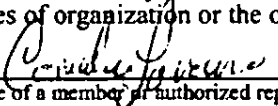
HERNANDO DUQUE

NEW Registered Office Address:

13048 Sandy Pine Lane

Clermont, FL 34711

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.


Signature of a member or authorized representative of a member

CAROLINA LOZANO

Printed or typed name of signer

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.


Signature of Registered Agent

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

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DIVISION OF CORPORATIONS
20 AUG 21 AM 11:03