L19000156046

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	/ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





700331579117

07/15/19--01029--017 **25.00



Y SULKER
JUL 2 3 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TICO Trucking 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 this matter to the following:		
Giannis Denis Cruz Name of Person		
TICO TYUCKING IC Firm/Company		
5233 Cannon Way Address		
Wost Palyn Beach, FL 33415 City/State and Zip Code		
E-mail address:) to be used for future annual report notification)		
For further information concerning this matter, please call:		
Giannis Devis Cruz at (561) 889-6227. 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 following amount:		
S25 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOILIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ime of the limited liability company: IICO Trucking I	10
2. (a)	5233 Cannon Way (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach FL 33415	
	06/12/19 191	000156046
3. 5. (a)	Date of filing/registration in Florida 4. 91919 Crv2 St Registered Agent and Registered Office shown on the records of the Florida Dept. of State	Document number
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	West Palm Peach. FL 33415	· ·
(b)	Giannis Denis Cruz Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	5233 CANNON WAY NEW Registered Office Address:	
	West Palm Beach, FL 33415	-
the chagent was/w	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization of the operating agreement of the limited liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. NIS Denis CRUZ
I here provis the obto mer notifie	by accept the appointment as registered agent and agree to act in this captions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 603 ely reflect a change in the registered office address. I hereby confirm that d in writing of this change.	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

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00