

L19000161584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

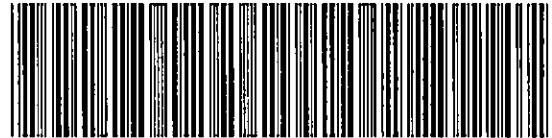
(Business Entity Name)

(Document Number)

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2020 APR 20 PM 4:47

MAY 01 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE S 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:

SAMUEL BURNS

Name of Person

TRIPLE S LOGISTICS LLC

Firm/Company

9617 WATER SHED DR E

Address

JACKSONVILLE FL 32220

City/State and Zip Code

samuleburns1978@yahoo.com

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

For further information concerning this matter, please call:

Samuel Burns

850

217-9235

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

**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: TRIPLE S LOGISTICS LLC

2. (a) 9617 WATERSHED DR E JACKSONVILLE FL 32220 (b) _____

Principal office address of limited liability company:

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

9617 WATERSHED DR

JACKSONVILLE FL 32220

Mailing address of limited liability company:

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

9617 WATERSHED DR E

JACKSONVILLE FL 32220

4/12/2020

L19000161584

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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

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

5575 S. SERMORAN BLVD. 36

ORLANDO, FL 32822

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

SAMUEL BURNS

NEW Registered Office Address:

9617 WATERSHED DR E

JACKSONVILLE, FL 32220

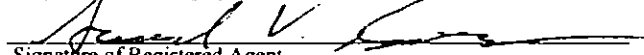
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

SAMUEL BURNS

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
FILING FEE: \$25.00

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2020 APR 20 PM 4:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA