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(Ad	ldress)			
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## **COVER LETTER**

ro: Registration Section

NHS18 (2/14)

Division of Corporations	
SUBJECT: TVS Trucking Name of L	LLC, cimited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Thomas V. Spence Name of Person	
TVS Trucking LLC Firm/Company	<del></del>
833 Grahom Rd Address	
Cantonment, Fl 325 City/State and Zip Code	
indaspence 274@g1	
E-mail address: (to be used for future annual re	port notification)
for further information concerning this matter, please	e call:
Thomas V. Spence and	850 ) 525 - 1707 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 amou	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## TATEMENT OF CHÄNGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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

Na	me of the limited liability company: TVS Tru	ickino	z LLC		
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>\$</u>	•	limited liability compa	=
	Cantonment F1	Car	ntonmer	L, FI	
	32533			32:	<u>533</u>
	11/12/2019		000 230		<u> </u>
(a)	Date of filing/registration in Florida  United States Corporations F  Registered Agent and Registered Office shown on the records of the I  5575 Semoran Blue	4. tgent,/ florida Depl. of S	Document num	ıber	
	Registered Office Address (MUST BE FLORIDA STREET ADD	PRESS)	<del></del>		
(b)	Orlando ,FL = Linda B. Spence Enter name of NEW Registered Agent and/or NEW Registered Off		<u> </u>	2020 OCT 15 PM SECRETARY OF TALL ARASSEE, F	
	833 Graham Rd  NEW Registered Office Address:			4 3: 09 SLATE FLORIDA	
	Cantonment, FL.	32535	3		
cha nt w s/we arti	mited liability company is not organized under the laws on the company of the floridal street address of the fill be identical. Or, in the case of a Floridal limited liability authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liability of a member or authorized representative of a member	e registered off lity company, in the limited liability controlling	ice and the busine t is hereby confire lity company or as	ess office of the re med that the chang s otherwise provid	gistered ge(s)
erel visio obli nere iliea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided following the change in the registered office address, I here in writing of this change.	to act in this co formance of m or in Chapter 6 eby confirm the	apacity. I further ny duties, and I am 105, F.S. Or, if thi at the limited liab	agree to comply v i familiar with and is document is bei ility company has	vith the d accept ng filed been

gnature of Registered Agent

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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

Nai	ame of the limited liability company: TVS True	cking	LLC		
(a)	833 Graham Rd	۔ کیدہ	3 Grah	am Ra	<del>.</del>
(47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	Mailing address of li (Note: MAY BE)	-	• •
		( 20	ton men	1 ,-,	<u></u> )
	Cantonment H	<u></u>	V D I ( I I PEAR L	J	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	<u> </u>				<u> 1533</u>
	11/12/2019	L190	00 230 2	J8052	9
	$\frac{11/12/2019}{\text{Date of filing/registration in Florida}}$ 4.		Document num	-	
(a)		gent, Inc	<u></u>		
	Registered Agent and Registered Office shown on the records of the Flo	энаа ізері, от зіан	v:		
	5575 Semoran Blud Registered Office Address <u>CMUST BE FLORIDA STREET ADDR</u>	· · · · · · · · · · · · · · · · · · ·			
	3L	<u>_</u>			
	Orlando FL3	2822	-		
(b)	Linda B. Spence		_		
•	Enter name of NEW Registered Agent and/or NEW Registered Office	e address:		ZOZ SI SI	
	833 Graheum Rd	555 <u>.</u>	_	2020 OCT SECRE)	77
	NEW Registered Office Address:			588	\ <u></u>
		-	-		
	Cantonment FL 3	<u> 2633</u>	_	LOBIDA STAFE STAFE	
the lin	imited liability company is not organized under the laws of ange or changes are made, the Florida street address of the	the State of Florensistered office	orida, it is hereb	y confirmed the	at after
tent w as/wei	will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	y company, it i Timited liabilit	s hereby confirm y company or as	ned that the ch	ange(s)
			5 V. Sp.	ence of signee	
Laush	hy account the approintment as registered agent and puree to	vact in this can	aciv Liurthar	aaree ta camn	ly with the
ovisio e oblig merej	ions of all statutes relative to the proper and complete performings of my position as registered agent as provided for ely reflect a change in the registered office address. I hereld in writing of this change.	ormance of my in Chapter 60: by confirm that	duties, and Lam 5, F.S. Or, if this the limited liabi	familiar with s document is lity company l	and accept being filed as been

gnature of Registered Agent