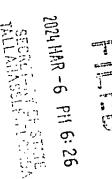


(Requ	uestor's Name)				
(Addr	ress)				
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(City/S	State/Zip/Phone #)				
☐ PICK-UP	WAIT MAIL				
(Busin	ness Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	Mills				





00/06/24--01012--016 **25.00



COVER LETTER

Division of Corporations	
SUBJECT: FEDERAL MOTOR CARRIER AUTH	IORITY FILINGS LLC
· · · · · · · · · · · · · · · · · · ·	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Kevin Prouty	
Name of Person	
The Real Accounting Co.	
Firm/Company	
10122 Pointview Court	
Address	
Orlando, FL 32836	
City/State and Zip Code	
kevin@therealaccountingco.com	
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Kevin Prouty	at (603) 790-3424
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
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.

i. N	lame of the limited liability company:FEDERAL MOTOR	R CARRIE	ER AUTHORI	TY FILINGS LLC
2. (a	13750 W COLONIAL DR.	(þ)	13750 W C	OLONIAL DR.
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		failing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
	WINTER GARDEN. FL 34787	_ _	WINTER GA	ARDEN, FL 34787
	02/25/2020	ı	L2000006280	01
3.	Date of filing/registration in Florida	4.		Document number
5. (a) DIMITROVA, DENITSA			
`	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:	
	506 HAGER DR			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		2024 HAR SECREI
	OCOEE . FL	34761		AR -6
(b _.	REGISTERED AGENTS INC			P M
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
	7901 4TH ST N			10A 10A
	NEW Registered Office Address:			
	STE 300			
	ST. PETERSBURG , FL	33702		
the ch agent was/w the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the laws.	the regist bility con the limit imited lia	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	iture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei notifie	eby accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. David Roberts - Assistant Sec	performa for in Cl ereby coi	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed ne limited liability company has been
Signat	David Roberts - Assistant Secure of Registered Agent	Sietary		