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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. N	ame of the limited liability company: VERSATILE TRANSPORT AND LOGISTIC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	16887 TRITE BENDST. Suite205 16807 TRITE BENDST. Suite 205
	WIMAUMA, FL 33598 WIMAUMA, FL 33598
	84/16/2×20 120000104813
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	JEHOIAKIM SMITH
	Registered Office Address MUST BE FLORIDA STREET ADDRESS
	6807 TRITE BEND ST SVETE 205
	WIMAUMA IL 33598
	Vo 1.01.01.
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	JEHOTAKIM SMITH
	NEW Registered Office Address:
	16807 TRITE BEND ST, SUITE ZOS
	WIMAUMA FL 33598
If the l	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
agent	or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
X	Charlin Smith JEHOIAKIM SMITH
_	ture of a member or authorized representative of a member Printed or typed name of signee
provis. the obt	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.
Signatu	Askin Smith re of Registered Agent

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