

L20000109657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

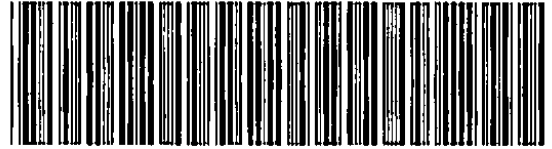
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECURITY DIVISION

2022 NOV -9 AM 10:23

FILED

cf 2/4/2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dedicated & Dependable 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:

John T Alexander III

Name of Person

Dedicated & Dependable LLC

Firm/Company

7643 Gate Pkwy Unit 104-357

Address

Jacksonville, FL 32256

City/State and Zip Code

logistics@dedicatedndependable.com

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

For further information concerning this matter, please call:

John T Alexander III

904  
at ( )

907-6683

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 AGENT OR B  
LIMITED LIABILITY COMPANY**

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

1. Name of the limited liability company: Dedicated & Dependable LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability co  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE**)

6602 Chester Park Dr

7643 Gate Pkwy Unit 104-357

Jacksonville, FL 32222

Jacksonville, FL 32256

04/22/2020

L20000109657

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:

John T Alexander III

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

595 Clermont Ave S

Orange Park, FL 32073

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

John T Alexander III

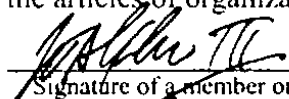
**NEW** Registered Office Address:

7643 Gate Pkwy Unit 104-357

Jacksonville, FL 32256

FILED  
2022 NOV -9 AM 10:23  
TALLAHASSEE, FL  
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a 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 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.

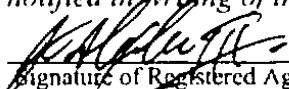


Signature of a member or authorized representative of a member

John T Alexander III

Printed or typed name of signee

*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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being 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