

L20 000124996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

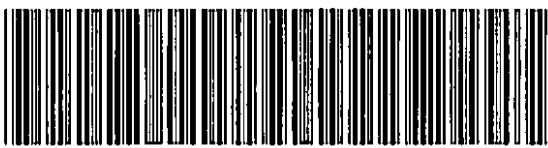
(Business Entity Name)

(Document Number)

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

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2020 AUG 19 AM 10:43  
FLORIDA STATE  
PACIFIC, FL

L20 000124996

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

SUBJECT: Speicher Trucking 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:

Kristine Speicher  
Name of Person

Speicher Trucking LLC  
Firm/Company

8097 Settlers Creek Cr  
Address

Lakeland, FL 33810  
City/State and Zip Code

speicher.trucks@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**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: Speicher Trucking LLC  
2. (a) 8097 Setters Creek Cir  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Lakeland Pl 33810  
(b) 8097 Setters Creek Cir  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Lakeland, Pl 33810

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:

5575 S Semoran Blvd

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

36

Orlando, FL 32822

(b) Kristine Speicher

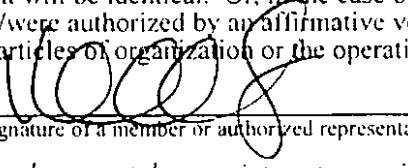
Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:

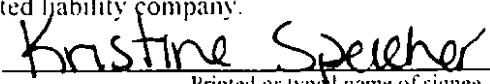
8097 Setters Creek Cir

**NEW** Registered Office Address:

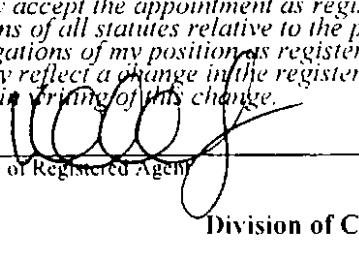
Lakeland, FL 33810

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

  
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 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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REGISTRATION OF STATE  
TALLAHASSEE, FL

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