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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF SECRETARY SECRETARY

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Moore Logistics, LLC		
	Name of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the	: following:
Sharon Moore		
Name of Person		
Moore Logistics, LLC		
Firm/Company		
121 Marion Oaks Drive	· <u></u>	
Address		
Ocala, Florida 34473		
City/State and Zip Co	ode	
scmooreine2@gmail.com E-mail address: (to be used for futur	e annual report noti	fication)
For further information concerning this ma	atter, please call:	
Sharon Moore	at (352) 361-5083
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	wing amount	
□ \$25 Filing Fee	•	55 Filing Fee & Certified Copy
	_ ,	as I mig i ee as 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.	Na	nne of the limited liability company: Moore Logistics, L	LC	OCT 1 9 2021
2. {	(a)	121 Marion Oaks Drive	(b) Same	
·	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Oçala, Florida	_	
		34473		
		8/24/2021	<u>L2000022</u>	
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Registered Agents Inc.		_
		Registered Agent and Registered Office shown on the records of the	ie Florida Dept, of Sta	ate:
		7901 4th Street N		
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	_
		STE 300		_
		St. Petersburg , FL3	33702	
				Parloct 21 Mio.15
(Wesley M. Stevens Enter name of NEW Registered Agent and/or NEW Registered C	William address:	
		take hame of NEW Registered Agent and/or NEW Registered C	omee aduress.	
		NEW Registered Office Address:		
		121 marion Oaks Dr		0.
		Tal High TOTI CAES (V)		- tr
		Ocala, FL	34473	_
char ager was/	ige it w wg	mited liability company is not organized under the laws or changes are made, the Florida street address of the resill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of clos of organization or the operating agreement of the li	egistered office ar ility company, it in the limited liabili mited liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sig	nati	are of a member or authorized representative of a member	Sharon Moore	Printed or typed name of signee
prov the o to m nout	usio blig gred lied	y accept the appointment as registered agent and agree on a fall statutes relative to the proper and complete pagations of my position as registered agent as provided if reflect a change in the registered office address. I he instricting of this change.	e to act in this cap erformance of my for in Chapter 60, reby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been