LZO 000 284413

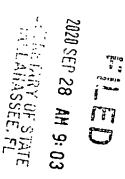
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
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Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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JQ 10/30/20

COVER LETTER

	egistration Section ivision of Corporations		, , _a		
SHD IEC	WHAT A FREIGHT				
SUBJEC	Name of Limited Liability Company				
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.		
Please reti	urn all correspondence concernir	ng this matter to the	e following:		
JOSE PER	EZ				
	Name of Person		<u></u>		
WHAT A	FREIGHT				
	Firm/Company				
427 W AR	TESIA ST				
	Address	, ,			
OVIEDO,	FLORIDA 32765				
	City/State and Zip Co	de			
admin@wt	palafreight.com				
E-ma	ail address; (to be used for future	annual report noti	fication)		
For further	r information concerning this ma	tter, please call:			
JOSE E PE	EREZ	407 at (484-7788		
	Name of Person		Area Code & Daytime Telephone Number		
Re Di P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Er	nclosed is a check for the follow	ving amount:			
	\$25 Filing Fee		S55 Filing Fee & Certified Copy		
INHS18 (2/	(14)				

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.

(a)	427 W ARTESIA ST	7 W ARTESIA ST (b) 427 W	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(·· ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	OVIEDO, FLORIDA 32765		OVIEDO, FLORIDA 32765
	09/11/2020/FLORIDA	l.	.20000284413
(a)	Date of filing/registration in Florida JOSE E PEREZ	4.	Document number
,	Registered Agent and Registered Office shown on the records of 427 W ARTESIA ST	f the Florida I	Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET	",ADDRESS)	2020 SEP 2
	OVIEDO , F	L_32765	EP 28
b)	ANGEL PEREZ (AP)		P 28 AM 9: 03 NARY OF STATE ANHASSEE, FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	9: 03
	427 W ARTESIA ST		
	NEW Registered Office Address:		
	OVIEDO . F	L 32765	
nge nt w :/we	mited liability company is not organized under the la or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered iability com of the limit	office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	Dens D_	JOSE	E PEREZ
gnati	ure of a member or authorized representative of a member		Printed or typed name of signee
visia obli nere	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in performanted for in Ch hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file firm that the limited liability company has been

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

Signature of Registered Agent