Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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Email	. Address:	
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LLC REGISTERED AGENT CHANGE MARATHON EXPRESS TRANSPORTATION LLC

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Help

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: Maratho	n Exp	ress T	ransportation	LLC	` _	
2. (a)	, , , =	(t))				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2780 E Fowler Ave ste#2003				
		09/29/20					
3.	Date of filing/registration in Florida	— 4.		Document number			
	LECALING CODDODATE SERVICES INC						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State	– e;			
	5237 SUMMERLIN COMMONS						
	Registered Office Address (MUST BE FLORIDA STREET	_	20	÷			
	SUITE 400				2	31SE 733S	
				-	2021 OCT - I	22 22 24	
	FORT MYERS, F	_		25.4 7.55.4 7.15.6			
	Registered Agents Inc.		2	포유(5)			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	_	AM 10: 1	A A			
	7901 4th St N		17	7. 2			
				-			
	NEW Registered Office Address:						
	STE 300			_			
	St. Petersburg		2				
		C sh.	Central of ITI	- amida di is barabu aanfir	mad tha	t aftar	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regi iability co of the lin	stered offic- ompany, it i nited liabilit	e and the business office is hereby confirmed that by company or as otherw	e of the i the chai	registered 1gc(s)	
	Dil. Tel		ey Park				
Sign	ature of a member or authorized representative of a member			Printed or typed name of si	gnee		
provi: the ob- to me notific	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change. Bill Havre - Assista	e perforn ed for in ' hereby c	iance of my Chapter 602 confirm that	acity. I further agree to duties, and I am familio 5, F.S. Or, if this docun the limited liability con	o comply ir with a nent is be upany ha	with the nd accept ging filed is been	
	Bill Havre - Assistat	iii Secit	riai y				