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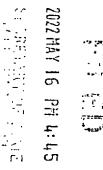
(Requestor's Name)
(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Florida Freight Runnerz LLC.	
Name of Corporation	
DOCUMENT NUMBER: <u>L20000315154</u>	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cecilia Lockett	
Name of Contact Person	
Firm/Company	
1912 Beacon bay court	
Address	_
Apopka, FL 32712 City/State and Zip Code	-
City/State and Zip Code 65	:
floridaboymarine 1345@gmail.com E-mail address: (to be used for future annual report notification)	è E-st
E-mail address: (to be used for future annual report notification)	ثير
in Con	
For further information concerning this matter, please call:	
Cecilia Lockett Name of Contact Person at (321)525-1496 Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	-
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
Tahahassee, FL 52514 2001 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE 2022 HAY 16 PM 2: 15 Division of Corporations

Letter Number: 322A00001469

SECREMANT OF STATE TALLAHASSEE, FL

January 19, 2022

CECILIA LOCKETT 1912 BEACON BAY COURT APOPKA, FL 32712

SUBJECT: FLORIDA FREIGHT RUNNERZ LLC

Ref. Number: L20000315154

We have received your document for FLORIDA FREIGHT RUNNERZ LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

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.

I. Nai	ne of the limited liability company: _	Florid	ta Frei	capt Px	sone ?	LC.
2. (a) _	Principal office address of limited liabi	evoc	(b)	Mailing address	s of limited liability	
	Fustis, FL 32			(<u>- 372) - 777 - </u>		
	10/06/2020			30 000 3		
3.	Date of filing/registration in F		4,	Document n	number	
5. (a)	Checeno Moc Registered Agent and Registered Office shown	on the records of the	ne Florida Dept. of S	1gents		
	5575 Semano 1	olva.		<u></u>		
	Registered Office Address (MUST BE FL)	<u>ORIDA STREET A</u>	DDRESS)		20 S8	
	50176 26			_ _	2022 HAY SEORETY SALL	re-it
	<u>Or/aço</u>	, FL_	3289	9	AY 16	(
(b)	Georgiana Bla	m			• •	. । (
(0)	Enter name of NEW Begistered Agent and/or	NEW Registered	Office address:			Constitution of the consti
	2450 Cries A	verce			in 5	
	NEW Registered Office Address:					
	<u>Fustis</u>	, FL_	32726	<u></u>		
If the li	mited liability company is not organiz	ed under the law	s of the State of I	Florida, it is he	reby confirmed	that after the
agentw	or changes are made, the Florida stree ill be identical. Or, in the case of a Fl	lorida limited lial	bility company, i	t is hereby con	firmed that the o	:hange(s)
was/we	re authorized by an affirmative vote or eles of organization or the operating ag	f the members of	f the limited liabi	lity company c	or as otherwise p	rovided in
	emina Bent	,	Georg	accerra S	Blout	
~	ure of a member or authorized representative o			•	ned name of signee	
provision the oblination to mere	oy accept the appointment as registered ons of all statutes relative to the prope gations of my position as registered a ly reflect a change in the registered of In writing of this change.	d agent and agre r and complete p gent as provided ffice address, I h	ee to act in this co performance of m I for in Chapter 6 ereby confirm the	apacity. I furth y duties, and I 05, F.S. Or, if at the limited li	ner agree to com am familiar wit this document i iability company	ply with the h and accept s being filed has been
Signatur	w William.					