Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____

LLC REGISTERED AGENT CHANGE NATIONAL AMERICAN VAN LINES LLC

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Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: NATIO	NAL AMERICAN VAN LINES	LLC	·		
2. (a) Principal office address of the limited liability company:	1800 SOUTH OCEAN BLVD				
(Note: MUST BE STREET ADDRESS)	POMPANO FL 33062				
(b) Mailing address of limited liability company:	10944 NW 13TH CT				
(Note: MAY BE POST OFFICE BOX)	CORAL SPRINGS FL 33071				
10/7/2020	L200003	31714	5		
3. Date of filing/registration in Florida	4. Document number				
5.(a) Registered Agent and Registered Office shown of	on the records of the Florida	ı Dep	ot, of State:		
Registered Agent:	BENTLEY, WILLIAM				_
Registered Office Address:	1800 SOUTH OCEAN BL	<u>YD</u>			.
	POMPANO FL 33071		<u> </u>	2821	
(b) Enter name of NEW Registered Agent and/or NEW Re	egistered Office address:		<u>**</u>	JUL	
NEW Registered Agent:	Corporate Creations Network	Inc.	(S. 1.	28	
NEW Registered Office Address:	801 US Highway 1		(e) . Ta		E
(MUST BE FLORIDA STREET ADDRESS)			<u> </u>	<u>ठ</u>	
	North Palm Beach	<u>FL</u>	334087	25	
If the limited liability company is not organized under the laws or changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company an affirmative vote of the members of the limited liability company, the operating agreement of the limited liability company.	office and the business office of it is hereby confirmed that the cl any or as otherwise provided in t	the re hange	gistered aget (s) was/were	nt will l author	oc ized by
(Signature of a member or authorized representative of a member)					
By: Ashley Goldsmith, Attorney-in-Fact (Printed or Typed name of signee)					
I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 605, in the registered office address, I hereby confirm that the limite	of my duties, and I am familiar w . F.S. Or, if this document is beit	vith ai ng file	na accept the d to merely r	oonga eftect o	nons oj change
By: Ashley Goldsmith, Special Secretary (Signature of Registered Agent)					
INHS18(10/99) Division of Corporations, P.O. Corporate Creations International	Box 6327, Taliahassee, Fl	L 32.	314		
801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107					