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03/16/21-01022--029 \*\*25.00

2021 HAR 16 AM 10: 42 SECHETARY DE STATE

## 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. 1	Name of the limited liability company: Salhi Expres	s Freigh	it, LLC	<u></u>		
2. (a)	3225 McLeod Dr, Suite 100	(h	(b) 3225 McLeod Dr, Suite 100			
~ (	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)		
	Las Vegas, NV 89121		Las Vegas, NV 89121			
	01/06/2021		L210000	019399		
<ul><li>3.</li><li>5. (a</li></ul>	Date of filing/registration in Florida , SALHI, AMINE	4.		Document number		
J. (a	Registered Agent and Registered Office shown on the records of	fthe Florida	Dept. of State	ate:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<b>2021</b> \$20 7ALL		
	10226 CURRY FORD RD SUITE 107 PMB	3 1075 	075 AR T			
	ORLANDO , FI	32825		7.858. VSS.858.		
(b)	Anderson Registered Agents, Inc.			AM 10: 42		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	12001 Research Parkway, Suite 236-K			⊳ 10		
	NEW Registered Office Address:			_		
	Orlando , FL	32826		_		
agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regis iability co of the limi	tered office mpany, it is ited liability iability con	ce and the business office of the registe is hereby confirmed that the change(s) ity company or as otherwise provided in		
I here provis the ob to mei	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	ree to act performa ed for in C hereby co	in this can	nacity I further garge to comply with a	he ept ed	
Signati	ure of Registered Agent					

## **COVER LETTER**

. . . .

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI	Salhi Express Freight, LLC					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the f	following:			
Chris	tian Abraham					
	Name of Person	<del>-</del> -	<del></del>			
Ande	rson Business Advisors					
	Firm/Company		_			
3225	McLeod Drive, #100					
	Address		_			
Las V	′egas, NV 89121					
	City/State and Zip Code		_			
ra@a	ndersonadvisors.com					
Е	-mail address: (to be used for future ann	ual report notific	cation)			
For fur	ther information concerning this matter,	please call:				
Christ	ian Abraham	800	7064741			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy			