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From:

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Account Number : I20090000081

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Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE ES SHEMEN HAULING TRUCKN LLC

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MAR 17 2021

M. SOLOMON

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## 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.

Florida	1.							
l. Na	me of the limited liability	company: ES SHE	MEN	HAUL	ING TRUCKN	LLC	<del></del>	
2. (a)	112 Hansen blvd		(b)	112 Ha	ansen blvd			
(a) <u>.</u>	Principal office addres	s of limited liability company: BE STREET ADDRESS)			Mailing address of limited liab (Note: MAY BE POST OF			
	Pensacola FL 3250	5	_	Pensa	cola FL 32505			
						_		
	01/19/21			21000	034936			
3.		gistration in Florida			Document number			
	TOAVIS CDARTDE	Ĩ	·					
5. (a)		red Office shown on the records o	f the Florida	Dept. of Star	<del>_</del> te:			
	3440 W. HOLLY	1						
	Registered Office Address	MUST BE FLORIDA STREET	ADDRESS	1	_			
						713	2021	
	PENSACOLA	_ F	 33021		_		2021 MAR	
(b)	Registered A	jents Inc.			_		5 1 <del>2</del>	1
(2)	Enter name of NEW Register	red Agent and/or NEW Registers	d Office ad	<u>iress</u> :		50°	<u> </u>	1
	7901 4th St N				_	11. 12.	AM 10: 15	
	NEW Registered Office Add	ress:						
	STE 300				<del></del> -			
	St. Petersbur	<b>g</b>	33702	) -	<b></b>			
the chagent was/withe art Sign:  I here provise the obtone in	ange or changes are made will be identical. Or, in the vere authorized by an affiniticles of organization or the authorized by accept the appointmental statutes relative.	nt, as registered agent and a e to the proper and comple is registered agent as provid e registered office address,	liability costs of the limited  Rile  gree to act the perform the for in	ompany, it inted liability copy Park	is hereby confirmed that ity company or as otherwompany.  Printed or typed name of six duties, and I am Jamilio 25 FS. Or, if this documents is the confirmation of th	the chang the chang vise provid ignee o comply war with and ment is bein	ed in  with the laccept	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent