Division of Corporations



(((H230001104313)))

(shown below) on the top and bottom of all pages of the document.



H230001104313ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

LLC REGISTERED AGENT CHANGE R00TS TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$25.00

2020 FF7 23 PM 1: 04

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
Help MAR 2 4 2023

1/1

COVER LETTER

TO: Registration Se Division of Co		1	
		ROOTS TRA	. , ANSPORT LLC
SUBJECT:			ted Liability Company
		Name, of Chins	tea manney vanipany
Dear Sir or Madam:			
The enclosed Registere	d Agent/Registered	l Office Change	e and fec(s) are submitted for filing.
Please return all corresp	pondence concernir	ig this matter to	o the following:
LOVETTE DOBSON			
	Name of Person		
	Firm/Company		
17350 STATE HWY 249	STE 220		
	Address		
HOUSTON, TX 77064			
Ci	ty/State and Zip Co	de	
EFILE1234@INCFILE.C	ЮМ		
E-mail address: (t	o be used for future	annual report	notification)
For further information	concerning this ma	itter, please cal	t:
LOVETTE DOBSON		at t	888-462-3453
Name o	of Person		Area Code & Daytime Telephone Number
Mailing Addr Registration S Division of Co P.O. Box 632 Tallahassee, F	fection orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a c	heck for the follow	ving amount:	
■ \$25 Filing F	ee		S55 Filing Fee & Certified Copy
INHS18 (2/14)			

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.

(a)	3433 Devilwood St	(b) .	3.433 Devilwood St
(,,,	Principal office address of lumited hability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Middleburg, FL 32068		diddleburg, FL 32068
	03/22/2021	1.2	21000132266
(a)	Date of filing/registration in Florida LEGALING CORPORATE SERVICES INC.	·	Document number
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	t the Morida D	ept, of State.
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	
	JACKSONVILLE	L_32202	2023
(()	Keith Jennings		2023 1: -
	Enter name of NEW Registered Agent and/or NEW Registere		<u>m</u>
	3433 Devitwood St		
	NEW Registered Office Address		
	Middleburg F	L_32068	
ange ent v is/we e arti	imited liability company is not organized under the later conchanges are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members eles of organization or the operating agreement of the Februara.	e registered iability com of the limits e limited lial	office and the business office of the registered pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in bility company.
	we of a member of authorized representative of a member		
ovisi v obl. merc	by accept the appointment as registered agent and ay ons of all statutes relative to the proper and complete igations of my position as registered agent as provid ely reflect a change in the registered office address, l I in writing of this change.	e performan ed for m Ch	ce of my dunes, and ram familiar with and acce anter 605 F.S. Or. If this document is being file

Signature of Registered Agent