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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| J DENNIS | | | | | |
| JUL 2 3 2023 | | | | | |
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Office Use Only



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5716 Corsa Ave Suite 110 Westlake Village, CA 91362

Phone: (818) 264-4266 Toll-Free: (888) 366-9552 Fax: (877) 366-9552 www.DoMyLLC.com

May 12, 2023

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Florida Secretary of State,

Enclosed please find the Statement of Change for Registered Agent and fee for Hdk Trucking LLC.

Check #:

Check Amount එන්

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC Attn: Processing 5716 Corsa Ave. Suite 110 Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing@domyllc.com www.DoMyLLC.com To: Keavin Blanchard

Page, 2 of 2

2023-05-12 14:46.47 GMT

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From: DoMyLLC.com LLC

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.

| l. N | ame of the limited liability company: Hdk Truckir | ng LLC | · · · · · · · · · · · · · · · · · · · | | | |
|---|--|--|---|---|--|--|
| 2. (a) | | (b) | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET (DDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | | | | | |
| | 05/24/2021 | L210 | 000241646 | | | |
| 3 . | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) (b) | BLANCHARD, KEAVIN | | | | | |
| | Registered Agent and Registered Office shown on the record | ls of the filorida Dept. | of State: | | | |
| | 1234 Reynolds Road Lot #83 | | | | | |
| | Registered Office Address | ET ADDRESS) | | | | |
| | Lakeland | . FL33801 | | 202 | | |
| | InCorp Services, Inc. | | | 1023 MAY 22 | | |
| | Einter name of NEW Registered Agent and/or NEW Registered | ered Office address: | | 2 | | |
| | 3458 Lakeshore Drive | | | CORP | | |
| | NEW Registered Office Address: | | | 07.771 1 3: 01 | | |
| | Tallahassee | . FL32312 | | ** ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | |
| he cha | imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of | s of the registered | I office and the business office | of the registered | | |
| | 1704/1 | | Blanchard | | | |
| ~ | ture of a member or authorized representative of a member | · | Printed or typed name of sig | | | |
| l here provisi he obl o mere otific | by accept the appointment as registered agent and finis of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address few writing of this change. | agree to act in the lefe performance eided for in Chapt s. I hereby confirt | is capacity. I further agree to of my duties, and I am familia or 505, F.S. Or, if this docum in that the limited liability comp | comply with the with and accept ent is being filed oany has been | | |
| | Louise Breytenbac | ch on behalf of | InCorp Services, Inc. | | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00

Signature of Registered Agent