## L21000 268 976

(Requestor's Name)					
(Address)					
(Address)					
(City/Sta	ate/Zip/Phone #)				
PICK-UP	WAIT MAI	L			
(Busine	ess Entity Name)				
(Docum	ent Number)				
Certified Copies	Certificates of Status	<del></del>			
Special Instructions to Filing Officer:					

Office Use Only



400427744444

04/16/24--01011--014 \*\*55.00

024 APR 16 PM 3:35 SECRETARY CERSIATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
CHDI		HLC LOGISTICS	S SERV	ICES LLC	
SUBJ	ECI:	bility Company			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	l Office Change	and fo	cc(s) are submitted for f	ĩling.
Please	return all correspondence concerni	ng this matter to	the fo	llowing:	
	Miguel A Lima				
	Name of Person	<del></del>		_	<i></i> №
					2021 APR 16 SECRETAR
	Firm/Company			_	<b>一种</b>
	TimeCompany				7. S
	9869 Lenox St				PH PH
	Address			_	3: 35 File File STEE
	Clermont, Fl 34711				្រុក្ស ហ
	City/State and Zip Co	ode		_	
	HLCLOGISTICSSERVICES@G	MAIL.COM			
]	E-mail address: (to be used for future	e annual report	notifica	ation)	
For fu	rther information concerning this ma	atter, picase call	l:		
	Miguel A Lima	78 at (	R6	660- 9614	
	Name of Person	at (		Area Code & Daytime	Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corpora The Centre of Tallah 2415 N. Monroe Str Tallahassee, FL 323	tions nassee cet, Suite 810
	Enclosed is a check for the follow	wing amount:			
	□ \$25 Filing Fee	1	\$55	Filing Fee & Certified	Сору
INHSI	8 (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.

ne of the limited liability company:			
9869 LENOX ST CLERMONT, FL 34711		h) 9	9869 LENOX ST CLERMONT, FL 34711
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
06/28/2021  Date of filing/registration in Florida	- · 4.		L21000268976  Document number
Registered Agent and Registered Office shown on the records of the LEON, HAROLDO			
Registered Office Address (MUST BE FLORIDA STREET A 9869 LENOX ST	2024 APR SECRET		
CLERMONT , FL		34711	16 PH
Miguel A Lima			
NEW Registered Agent and/or NEW Registered of Ne	Office ad	<u>idress</u> :	
mited liability company is not organized under the law or changes are made, the Florida street address of the real ill be identical. Or, in the case of a Florida limited liable real authorized by an affirmative vote of the members of eles of organization or the operating agreement of the limited of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete particles of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and complete particles of this change.	rs of the register bility co f the lin imited	e State of ed office ompany, inted liability of the state	Florida, it is hereby confirmed that after the and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.  Printed or typed name of signee
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   06/28/2021  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the records of the LEON, HAROLDO  Registered Office Address  (MUST BE FLORIDA STREET A 9869 LENOX ST)  CLERMONT  FL.  Miguel A Lima  Inter name of NEW Registered Agent and/or NEW Registered  NEW Registered Office Address:  NEW Registered Office Address:  , FL.  inted liability company is not organized under the law or changes are made, the Florida street address of the registered by an affirmative vote of the members of les of organization or the operating agreement of the law or change in the registered agent and agreems of all statutes relative to the proper and complete particles of my position as registered agent and provided processed in the registered agent as provided processed in the regist	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   06/28/2021  Date of filing/registration in Florida  4.  Registered Agent and Registered Office shown on the records of the Florid LEON, HAROLDO  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  9869 LENOX ST  CLERMONT  CLERMONT  FL  Miguel A Lima  Enter name of NEW Registered Agent and/or NEW Registered Office and Street address of the registered ill be identical. Or, in the case of a Florida limited liability or a attirmative vote of the members of the lin less of organization or the operating agreement of the limited street of a member or authorized by an affirmative vote of the members of the lines of organization or the operating agreement of the limited street of a member or authorized representative of a member or authorized representative of a member of a member of a member or authorized representative to the proper and complete perform a street of a change in the registered agent as provided for in the registered office address. I hereby company the street of this change.	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  06/28/2021  Date of filing/registration in Florida 4.  Registered Agent and Registered Office shown on the records of the Florida Dept. of LEON, HAROLDO  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  9869 LENOX ST  CLERMONT , FL  Miguel A Lima  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Add

•