## h21000318969

| (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: |
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FILED ©
2021 SEP 24 AM 10: 20



## FLORIDA DEPARTMENT OF STATE Division of Corporations

261 SEP 24 AM 8: 09

7.7.

August 20, 2021

WILLAIM SCOTT LEIVA 12833 SW 223 ST MIAMI, FL 33170

SUBJECT: QUICK FREIGHT TRANSPORTATION LLC

Ref. Number: L21000318969

We have received your document for QUICK FREIGHT TRANSPORTATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On line 5(A) must be the current registered agent reflected on sunbiz.org.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 821A00019963

Error Has been corrected.
Thankyon.
\* Willem. In

www.sunbiz.org

## **COVER LETTER**

| Division of Corporations   |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: Quick Freight Transporta  | tion LLC. bility Company   |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |
| The enclosed Registered Agent/Registered Office Change and fe                                      | ee(s) are submitted for filing.  |  |  |  |
| Please return all correspondence concerning this matter to the fo                                  | ollowing:  |  |  |  |
| William Scott Leiva<br>Name of Person  |  |  |  |  |
| Quick Freight Transportation UC. Firm/Company  | _  |  |  |  |
| 12833 Sw 223 St. Address   | _  |  |  |  |
| Micmi KL 650 33170.  City/State and Zip Code   | _  |  |  |  |
| Higher Fraguency 8817 Lagma<br>E-mail address: (to befused for future annual report notific        | il .Cun<br>ation)  |  |  |  |
| For further information concerning this matter, please call:                                       |  |  |  |  |
| William S. Leiva at (786) Name of Person   | ) 647-8077<br>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 Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |  |
| ₩\$25 Filing Fee   | ☐ \$55 Filing Fee & Certified Copy   |  |  |  |

## STATEMENT OF CHANGE OF REGISTERÉD 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. Na                                     | me of the limited liability company:  | Freight_   | Transport   | ation LLC  | ·   |
|---|---|--|---|--|---|
| 2. (a)                                    | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (b)_   | 10000 ( 000 ( 000 )   |  |   |
| 3.<br>5. (a)                              | Date of filing/registration in Florida  Registered Agent and Registered Office shown on the records of Sembra   | n Blud   | Statesco  | poration 1   | 2100031890<br>Agents, INC   |
| (b)                                       | Orlando FL  William Scott Leiva  Enter name of NEW Registered Agent and/or NEW Registered  12833 Sw 223 St  | 328,   |   |  | 2021 SEP 24   |
|   | NEW Registered Office Address:  Miami  , FL   | - i<br>_331°   | 70  | SEE FL   |   |
| change<br>agent v<br>was/we<br>the arti   | or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the tree of a member or authorized representative of a member. | registered of ability composite the limite limited liab    | office and the business, it is hereby d liability company.                    | or typed name of sign  | the registered<br>the change(s)<br>ise provided in                        |
| provisi<br>the obl<br>to mere<br>notified | by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igutions of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change.  The of Registered Agent       | ee to act in<br>performand<br>I for in Cha<br>vereby confi | this capacity. I<br>e of my duties, i<br>pter 605, F.S. (<br>rm that the limi | jurther agree to<br>and I am familian<br>Or, if this docum<br>ted liability comp | comply with the<br>with and accept<br>ent is being filed<br>oany has been |