122000016577

(I	Requestor's Name)				
(Address)					
	Address)				
((City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(1	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of s	Status			
Special Instructions	to Filing Officer:				

Office Use Only



800380079538

02/11/22--01017--003 **50.00

2022 FEB | I AH 7: 26
SECRETARY OF STATE

O SIMMONS FEB 24 2022

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Squirrel Transport		
	Na	me of Limited	d Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to t	he following:
Peyton	Foster		
	Name of Person		
Squirre	l Transport		
	Firm/Company		
2028 sh	eperd rd , 105		
	Address		
mulberi	y, FL 33860		
	City/State and Zip Code		
Squirre	Transportllc@gmail.com		
E	-mail address: (to be used for future an	nual report no	otification)
For fur	ther information concerning this matter	, please call:	
Peyton	Foster	863 at (999-5543
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the following	g amount:	
	□ \$25 Filing Fee	=	\$55 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.

1. Na	ame of the limited liability company: Squirrel Transpor	t 			
2. (a)			(h)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6784 1st St			2028 shepe	rd rd #105
	Bradley, FL 33835			mulberry, F	FL 33860
	1/05/2022		I.	.220000165	77
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	Peyton Foster				
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida i	Dept, of State	- ::
	Registered Office Address	4DDRE	<u>SS)</u>		-
	Bradley	33835			202 St
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		SECRE INSTALLATION		
	Georgina L Griffin				THE STEEL ST
	NEW Registered Office Address:		•		7: 26
	6784 1st St				, n
	Bradley	33835			-
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the li	con imit	l office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
R			9	EYTOR	Printed or typed name of signee
-	ture of a member or authorized representative of a member				
provisi the obt to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is discussed in the segistered office address, I is a writing of this change.	ree to a perfori d for in hereby	ct i mai Cl cor	n this capa nce of my a napter 605, nfirm that t	ncity. I further agree to comply with the hutes, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent