## L22000045147

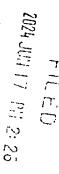
(Re	equestor's Name)					
(Ac	ddress)					
(Ac	ddress)					
(Cit	ty/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
(Bu	ısiness Entity Name)					
(Document Number)						
Certified Copies	_ Certificates of Statu	s				
Special Instructions to Filing Officer:						
	J. HOR	NE				
	J. HOR JUN 27	2024				

Office Use Only



500431539695

06/17/24--01020--029 \*\*25.00



## **COVER LETTER**

_	istration Section ision of Corporations	
SUBJECT:	Spot Logistics LLC	
	Name of Li	mited Liability Company
Dear Sir or i	Madam:	
The enclose	d Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please returi	n all correspondence concerning this matte	r to the following:
Robert Acos	tu	
	Name of Person	
Spot Logistic	cs DBA On Spot Transportation	
	Firm/Company	<del></del>
5601 Rosehi	II Rd Unt 105 BLDG 28	
	Address	
Sarasota FL	34233	
	City/State and Zip Code	
acosta.rob.st	t@gmail.com	
E-mai	address: (to be used for future annual repo	ort notification)
For further i	information concerning this matter, please	call:
Robert Acos	ta at (	941 3269596
	Name of Person	Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following amoun	nt:
<b>■</b> \$	25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## 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:  Spot Logistics LL	.C			
2. (a)	5601 Rosehill Rd.	(	b)	5601 Rosehill Rd. Unit 105 BLDG 28 Saras	ota FL 34233
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ \	Ο,	Mailing address of limited li (Note: MAY BE POST C	
	Unit 105 BLDG 28		_	Unit 105 BLDG 28	
	Sarasota FL 34233		-	Sarasota FL 34233	
	02/07/2024		i	L22000045147	
3.	Date of filing/registration in Florida	4.	_	Document number	
5 (a)	Robert Acosta				
5. (a)	Registered Agent and Registered Office shown on the records of t	he Floric	la D	Dept. of State:	
	5601 Rosehill Rd.				
	Registered Office Address (MUST BE FLORIDA STREET)	DDRES	<u>(S)</u>	 !	
	#105 BLDG 28				
	Sarasota , FL	34233			
(b)	Macarena Nahir Acosta Bustos				F1L 2024 JUN 17
(~)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	ress:	
	5601 Rosehill Rd.				LED
	NEW Registered Office Address:			<del></del>	55 
	#105 BLDG 28	_		<del></del>	25
	Sarasota, FL	34233			
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 lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	register bility c f the lir	ed om nite	d office and the business office of npany, it is hereby confirmed that ted liability company or as othery	the registered the change(s)
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee		
provisi he obl to merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to ac perforn I for in nereby c	et ir ian Ch con	in this capacity. I further agree to nce of my duties, and I am familio hapter 605, F.S. Or, if this docun nfirm that the limited liability con	o comply with the or with and accept nent is being filed npany has been
Signatu	ire of Registered Agent				