

## L22 0000 45147

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

Office Use Only



000431682360

08/18/24--01024--025 \*\*28.00

2024 JUN 18 PM12: 16

## **COVER LETTER**

TO: Registration Section Division of Corporations			
Spot Logistics LLC SUBJECT:			
	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter t	o the following:		
Robert Acosta			
Name of Person	<del></del>		
Spot Logistics DBA On Spot Transportation			
Firm/Company			
5601 Rosehill Rd Unt 105 BLDG 28			
Address	<del></del>		
Sarasota Fl. 34233			
City/State and Zip Code			
acosta.rob.stt@gmail.com			
E-mail address: (to be used for future annual report	notification)		
For further information concerning this matter, please ca	.11:		
Robert Acosta 94	1 3269596		
Name of Person	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		

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	me of the limited liability company:  Spot Logistics I	LC					
2. (a)	5601 Roschill Rd.	(b	5601 Ro	sehill Rd. Unit 10	II Rd. Unit 105 BLIXI 28 Sarasota FL 34233		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		·/ <del></del>	-	ress of limited liability company:  IAY BE POST OFFICE BOX)		
	Unit 105 BLDG 28		Unit 10	5 BLDG 28			
	Sarasota FL 34233	<u>.</u>	Sarasot	a FL 34233			
	02/07/2024		L220000	045147			
3.	Date of filing/registration in Florida	4.		Documen	nt number		
5. (a)	Robert Acosta						
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of S	State:			
	5601 Rosehill Rd.						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>				
	#105 BLDG 28						
	Sarasota , F	L_34233		<del></del>	2021		
(b)	Macarena Nahir Acosta Bustos				8 I NUC 1/202		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	<del></del>			
	5601 Rosehill Rd.				UN 18 PH 12: 1		
	NEW Registered Office Address:			<u></u>	16		
	#105 BLDG 28						
	Sarasota, F	L					
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and completing to the proper and completing agents of my position as registered agent as provided by reflect a change in the registered office address.	e registere iability co of the lim e limited l	ed office ompany, in the liability control of	and the busing the is hereby company ompany.  Printed or apacity. I furnity duties, and	ness office of the registered confirmed that the change(s) y or as otherwise provided in typed name of signce arther agree to comply with the d I am familiar with and accept		
	re of Registered Agent						