## 122000075471

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEF

## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Division of Corporations
SUBJECT: BUTLER + GARY LOGISTICS LLC  Name of Limited Liability Company
Dear Sir or Madam:
'he enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lelia Butler Name of Person
BUTLER & GARY LOGISTICS, LLC Firm/Company
11702 Newberry Grove Loop Address
Riverview, FL 33579  City/State and Zip Code
bietler garylogistics le @ gnail. com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Lelia Butler at (813) 474-6366  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
\$25 Filing Fee

## 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.

l. Nai	ne of the limited liability company: BUTLER + GARY LOGISTICS, LLC
1. (44)	
2. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	11702 Newberry Grove Loop 11702 Newberry Grove Loop
	Riverview, FL 33579 Riverview, FL 33579
	Feb. 15, 2022 L 2200 00 75471
3.	Date of filing/registration in Florida 4. Document number
5. <b>(a)</b>	Cheyenne Moseley, U.S. Corp. Agents. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	United States Corporation Agents, Inc.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	5575 S. Semoran Blvd., Ste 36
	5575 S. Semoran Blvd., Ste 36
	Orlando FL 32822
(b)	Lelia Butler
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Tri co
	NEW Registered Office Address:
	11702 Newberry Grove Loop
	11702 New Very Grove 230
	Riverview FL 33579
change agent	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the cor changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.    A   A   C   C   C   C   C   C   C   C
Signa	iture of a member or authorized representative of a memoer
provis the ob	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed lightly company has been a change in the registered office address, I hereby confirm that the limited liability company has been a in writing of this change.
Signat	ure of Registered Agent

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