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H230001801233ABCU

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE JOHN'S TRUCKIN LLC

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T. LEMIEUX-

MAY 1 6 2023

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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. N	ame of the limited liability company: JOH	N'S TRUCKIN	N LLC			
2. (a)		(b)				
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
			2004.04.450			
	04/15/2022	L220	000181458			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	ZENBUSINESS INC.					
	Registered Agent and Registered Office shown on the re	cords of the Florida Dept. of	State:			
	336 E. COLLEGE AVE.					
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)				
	SUITE 301					
	TALLAHASSEE	. FL 32301				
		FL				
(b)	Northwest Registered Age	ent LLC				
• •	Enter name of NEW Registered Agent and/or NEW Re	egistered Office address:				
	7001 Ath St N					
	7901 4th St N					
	NEW Registered Office Address:		is:	20.		
	STE 300		<u>.</u>	S 24 6202		
	St. Petersburg	. FL_33702		S -		
the chi agent was/w	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida line authorized by an affirmative vote of the menicles of organization or the operating agreemen	dress of the registered of nited liability company, mbers of the limited liab	fice and the business, offic it is hereby confirmed that oility company or as otherw	e of the registered the change(s)		
	Not South	Nat Smit	h			
Signa	sture of a member or authorized representative of a member	er	Printed or typed name of si	gnee		
provis the ob- to mer	by accept the appointment as registered agent a ions of all statutes relative to the proper and co ligations of my position as registered agent as p ely reflect a change in the registered office add d in writing of this change.	and agree to act in this omplete performance of in provided for in Chapter tress. I hereby confirm the	capacity. I further agree to my duties, and I am familio 605, F.S. Or, if this docum hat the limited liability com	o comply with the or with and accept tent is being filed opany has been		
4 /V	Taylor Newman - As	sistant Secretary				

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

Signature of Registered Agent