## L22000267124

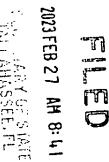
| (Requestor's Name)                      |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |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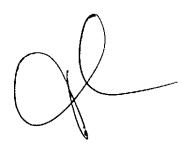




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## **COVER LETTER**

| TO:                   | Registration Section<br>Division of Corporations |                      |                                    |             |      |  |  |
|-----------------------|--|----------------------|------------------------------------|-------------|------|--|--|
| SUBJE                 | Stealth Logistics LLC                            |                      |                                    |             |      |  |  |
|                       |  | Name of Limited I    | Liability Company                  |             |      |  |  |
| Dear Si               | r or Madam:                                      |                      |                                    |             |      |  |  |
| The end               | losed Registered Agent/Registered                | Office Change and    | d fee(s) are submitted for filing. |             |      |  |  |
| Please r              | eturn all correspondence concernin               | g this matter to the | e following:                       |             |      |  |  |
| Miriam                | Blanco   |                      |                                    |             |      |  |  |
|                       | Name of Person                                   |                      |                                    |             |      |  |  |
| Stealth I             | Logistics LLC Accounting Dept                    |                      |                                    |             |      |  |  |
|                       | Firm/Company                                     |                      |                                    |             |      |  |  |
| 2193 Sy               | Ivan Point Drive                                 |                      |                                    |             |      |  |  |
|                       | Address  | <u></u>              |                                    |             |      |  |  |
| Mount [               | Dora , Florida 32757                             |                      |                                    |             |      |  |  |
|                       | City/State and Zip Co                            | de                   |                                    |             |      |  |  |
| miriam@               | Dstealth-logistics.com                           |                      |                                    |             |      |  |  |
| E-                    | mail address: (to be used for future             | annual report noti   | fication)                          | 79.<br>Tec. |      |  |  |
| For furt              | her information concerning this ma               | itter, please call:  |                                    | ን3FEB 2:    | 7.gr |  |  |
| Miriam                | Blanco   | 954<br>at (          | 465-5776                           | 7 AH        | U    |  |  |
|                       | Name of Person                                   |                      | Area Code & Daytime Telep          |             | C    |  |  |
|                       | Mailing Address:                                 |                      | Street Address:                    |             |      |  |  |
|                       | Registration Section                             |                      | 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 follow               | ving 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:  Stealth Logistics  | LLC   |  |  |  |
|---|---|---|--|--|--|
| 2. (a)                                  |   |   | (b)  |  |  |
| (/                                      | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |
|   | 2193 Sylvan Point Drive   |   | 2193 Sylva   | an Point Drive, Mount Dora, Fl. 32757  |  |
|   | Mount Dora, Fl. 32757   | <del>-</del>                                    | <del></del>  |  |  |
|   | 06/10/2022  |   | L22000267  | 124  |  |
| 3.                                      | Date of filing/registration in Florida  | —<br>4.   |  | Document number  |  |
| 5. (a)                                  |   |   |  |  |  |
| 5. (a)                                  | Registered Agent and Registered Office shown on the records of  | the Flor  | ida Dept. of Stat  | e:   |  |
|   | Nedret Simon  |   |  |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET   | ADDRE   | <u>SS)</u>   |  |  |
|   | 750 Royal Palm Court  |   |  |  |  |
|   | Orlando , FI  | 32803<br>L                                      |  | _  |  |
|   |   |   |  | <b>202:</b><br>51:1  |  |
| (b)                                     |   |   |  | DZ3 FEB 2  |  |
|   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | d Office  | address:   | N  |  |
|   | Nedret Simon  |   |  | B27 AN 8   |  |
|   | NEW Registered Office Address:  |   |  |  |  |
|   | 2193 Sylvan Point Drive   |   |  | 8: 41<br>8: 41   |  |
|   | Mount Dora  | L 32  | 2757   |  |  |
| change<br>agent v<br>was/we<br>the arti | imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member | e registe<br>ability of<br>of the li<br>limited | ered office an<br>company, it is<br>mited liabilit               | d the business office of the registered<br>s hereby confirmed that the change(s)<br>y company or as otherwise provided in  |  |
| -                                       | •   |   |  |  |  |
| provisi<br>the obl<br>to mer            | by accept the appointment as registered agent and aging one of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I do not in writing of this change.   | ree to a<br>perfori<br>d for in<br>hereby       | ct in this cape<br>mance of my of<br>Chapter 605<br>confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been |  |
| Signatu                                 | re of Registered Agent  |   |  |  |  |

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