

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000193223 3)))



H230001932233ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address:

LLC REGISTERED AGENT CHANGE SN FREIGHT LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H23000193223 3)))

COVER LETTER

TO: Registration Section Division of Corporations	
SN FREIGHT LOGISTICS LLC	
SUBJECT: Name of Li	mited Liability Company
Dear Sir or Madam:	
 	and facts) are submitted for filing
The enclosed Registered Agent/Registered Office Cha	
Please return all correspondence concerning this matter	er to the following:
LOVETTE DOBSON	
Name of Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 #220	
Address	
HOUSTON, TEXAS 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
LOVETTE DOBSON	888 462-3453
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 amou	nt:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	(((H23000193223 3)))

Signature of Registered Agent

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000193223 3)))

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.

(a)			
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12801 SW 147TH TERRACE RD.		12801 SW 147TH TERRACE RD.
	MIAMI, FL 33186		MIAMI, FL 33186
	06/20/2022	1	.22000280160
	Date of filing/registration in Florida	4.	Document number
. (a)			
, (A)	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		
	476 RIVERSIDE AVE.		:
	JACKSONVILLE	32202	
	JACKSONVILLE,	rt	
/ b)			
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	lress:
	REPUBLIC REGISTERED AGENT LLC		
	NEW Registered Office Address:		
	1150 Nw 72nd Ave Tower I Ste 455		
	Miami	FL_33126	·
hang gent	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited or authorized by an affirmative vote of the member ticles of organization or the operating agreement of	the registered liability controls of the limited limit	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
\mathcal{N}	ature of a member or authorized representative of a member		Printed or typed name of signee
ᅮ			Titles of the motion of the

Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 FILING FEE: \$25.00 (((H23000193223 3)))