# L22000300464

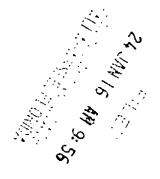
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dusiness Estite Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
J. HORNE FEB - 8 2024					
FED					

Office Use Only



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#### COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Dixon Transportation and Freight LLC						
.,020.	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matt	er to the following:					
Kyle D	ixon						
	Name of Person						
	Firm/Company	<del></del>					
3292 C	lson Rd						
	Address	<del></del>					
Spring	Hill FL. 34607						
	City/State and Zip Code						
Dixon.	Trans.Freight@gmail.com						
1	-mail address: (to be used for future annual rep	port notification)					
For fu	ther information concerning this matter, please	e call:					
Kyle D	ixonat {	352 515-8837					
	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	■ \$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.

	ime of the limited liability company; 22300 Hanspi 3292 Olson Rd		Freight LLC 3292 Olsor	n Dai
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(ħ)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BON)
	Spring Hill FL 34607		Spring Hill	FL 34607
	07/05/2022		1.220003004	64
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			
(b)	Registered Agent and Registered Office shown on the records 476 RIVERSIDE AVE.	s of the Flori	da Dept, of State	• ::
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			22
	Jacksonville	FL_32202		1 JAN 16 KM 9: 57
	Kyle Dixon			2 4 5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office a	iddress:	<b>9</b>
	3292 Olson Rd			7
	NEW Registered Office Address:			-
	Spring Hill	FL_34607		•
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the memberees of organization or the operating agreement of	laws of the the registe d liability of rs of the li- the limited	red office and company, it is mited liability liability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat	the of a member or authorized representative of a member	Ky	le Dixon	Printed or typed name of signee
Therei	by accept the appointment as registered agent and ones of all statutes relative to the proper and completigations of my position as registered agent as provide reflect a change in the registered office address, I in critical of this change	agree to ac ete perforn ided for in , I hereby (	et in this capa nance of my d Chapter 605, confirm that t	wite I further gares to comply with the
Signatu	re of Registered Agent			

### COVER LETTER

Division of Corporations	
Dixon Transportation and Freight LLC SUBJECT:	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this in	•
Kyle Dixon	
Name of Person	
Firm/Company	<del></del>
3292 Olson Rd	
Address	
Spring Hill FL. 34607	
City/State and Zip Code	<del> </del>
Dixon.Trans.Freight@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Kyle Dixon	352 515-8837
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 amo	ount:
□ \$25 Filing Fee	S55 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. N	ame of the limited liability company: Dixon Transpor	rtation and F	reight LLC	
2. (a)	3292 Olson Rd	(b	3292 Olso	on Rd
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Spring Hill FL 34607		Spring Hil	1 FL 34607
	07/05/2022	I	.22000300-	164
3.	Date of filing/registration in Florida	4.	<u>.                                      </u>	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			
	Registered Agent and Registered Office shown on the records 476 RIVERSIDE AVE.	of the Florida	Dept. of Stat	_ e: _ '
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			24 JE
	Jacksonville, I	FL_32202	<del>-</del>	IAN 16
(b)	Kyle Dixon			# # F
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		4H 9: 57	
	3292 Olson Rd			3.2 37
	NEW Registered Office Address:			-
	Spring Hill	34607		-
agent v was/we	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	te registered liability cor and the limi	office and npany, it is ted liability	the business office of the registered thereby confirmed that the change(s)
Signat	Ac of a member or authorized representative of a member	Kyle_	Dixon	
I herel	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing the statutes relative to the proper and completing the statutes of my position as registered agent as provided by reflect a change in the registered office address, It in writing of this change	gree to act i e performa ed for in Cl hereby con	n this cape ice of my c iapter 605 ifirm that t	Printed or typed name of signee acity. I further agree to comply with the futies, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signatu	e of Registered Agent			
-	District CO	_		