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

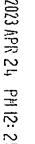
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ARB Freight, LLC Name of 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 matter to the following:		
Viridiana Revelo Name of Person		
ARB Freight, LLC Film/Company		
315 N Irvington Rd		
Avon Park, Ft 33825 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Viridiana Revelo at (843) Name of Person	Area Code & Daytime Telephone Number	
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 amount:		
□ \$25 Filing Fee □ \$55 F	Filing Fee & Certified Copy	



March 27, 2023

VIRIDIANA REVELO 315 N IRVINGTON ROAD AVON PARK, FL 33825

SUBJECT: ARB FREIGHT LLC Ref. Number: L22000332855

We have received your document for ARB FREIGHT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 323A00007029



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.

^ ^ ^	T
1. Name of the limited liability company: ARB	treight, LLC
2. (a) 315 N Tryington Rd Principal office address offinited liability company:	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Avon Park, FL 3385	A 1 / A
7/27/22	L22000332855 4. Document number
Date of filing/registration in Florida 5. (a) Viridiana Arrequir Registered Agent and Registered Office shown on the record	1
Registered Office Address (MOST BE FLORIDA STRE	FFT ADDRESS)
Avon Park (b) Viridiana Revelo	,FL 33825
Enter name of NEW Registered Agent and/or NEW Regis	itered Office address:
NEW Registered Office Address:	
	_, FL
change or changes are made, the Florida street address o	the laws of the State of Florida, it is hereby confirmed that after the of the registered office and the business office of the registered ed liability company, it is hereby confirmed that the change(s) pers of the limited liability company or as otherwise provided in f the limited liability company. Printed on typed name of signee
	d agree to act in this capacity. I further agree to comply with the oleic performance of my duties, and I am Jamiliar with and accept wided for in Chapter 605, F.S. Or, if this document is being filed ss, I hereby confirm that the limited liability company has been
Signature of Registered Agent	