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(((H23000227175 3)))



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Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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## LLC REGISTERED AGENT CHANGE **BOGUSZ TRANSPORT LLC**

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JUN 2 8 2023

To: 18505176383 From: 14693173436 Date: 06/26/23 Time: 11:30 PM Page: 02/02

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY, COMPANY (((H23000227175 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.

1. N	Same of the limited liability company: Bogusz Transpo	rt LLC		
2. (a)			(h)	
21 (11)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		(v) <u> </u>	Mailing address of limited liability company (Note: MAY BE POST OFFICE BON)
	544 Logue Road		5	44 Logue Road
	Myakka City, FL, 34251		<u> </u>	fyakka City, FL, 34251
	08-01-2022		L2	2000337751
3.	Date of filing/registration in Florida	4.		Document number
5. (a	)			
•. (	Registered Agent and Registered Office shown on the records of John L. Bogusz.	of the Flor	ida De	pt. of State
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRE	(SS)	
	544 Logue Road		_	
	Myakka City	7L 34251	_	
		.17		<del></del>
(b)				
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office	addre	<u> </u>
	LEGALING CORPORATE SERVICES INC.			2023 .
	NEW Registered Office Address			: 10
	476 Riverside Ave.			
	Jacksonville	L_32202		ယ္ ဝ
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ic registe liability of the li ie limited	cred o comp imited I liab	ate of Florida, it is hereby confirmed that after the office and the business office of the registered any, it is hereby confirmed that the change(s) if liability company or as otherwise provided in
Sign	nature of a member or authorized representative of a member	_		Printed or typed name of signee
provi. the old to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, the compositing of this change.	gree to a e perfori led for in I hereby	ct in manc Cha confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signa	ture of Registered Agent			(((H23000227175 3)))