L 22 000466825

(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:					

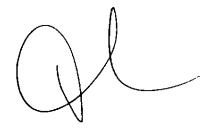




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COVER LETTER

	Registration Section Division of Corporations		
	US MOVING GROUP LLC		
SUBJEC	CT:		
		Name of Limited I	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	g this matter to the	following:
TIERRE	D. SANDERS		
-	Name of Person		
US MOV	ING GROUP LLC		
	Firm/Company		
3111N. U	NIVERSITY DR. SUITE 405		
	Address		<u> </u>
CORAL	SPRINGS, FL 33065		
	City/State and Zip Co	 de	
usmoving	group@gmail.com		
E-1	mail address: (to be used for future	annual report noti	Tication)
For furth	er information concerning this ma	tter, please call:	
TIEDDE	D. SANDERS	609	556-8536
HENNE	D. SANDERS	at ()
	Name of Person		Area Code & Daytime Telephone Number
	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		355 Filing Fee & Certified Copy

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.

ı XI.	US MOVING GR			
	ame of the limited liability company:		3111N. UN	RIVERSITY DR. SUITE 405
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		!	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL SPRINGS, FL 33065	<u> </u>	CORALSE	PRINGS, FL 33065
	10/31/2022		L220004668	25
i. i. (a)	Date of filing/registration in Florida MILTON F RAMIREZ	4.		Document number
. (u)	Registered Agent and Registered Office shown on the records of 13612 SW 119TH AVE.	the Flor	ida Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u>	<u>(SS)</u>	
	MIAMI, FI	33186		- - -
(b)	TIERRE D. SANDERS			- - - - -
ζ- /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	address:	
	3111N. UNIVERSITY DR. SUITE 405			
	NEW Registered Office Address:			-
	CORAL SPRINGS . FI	33065		-
hange igent v vas/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 finited like a unnorized by an affirmative set of taxanembers of cless of organization or the speciating agreement of the	registe ability of the l	ered office and company, it is imited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a vember of authorized regressipative of a member	14	erre Sunders	MICTON F. RAMIRET Printed or typed name of signee
I here provisi he obl o mere	by accept the appointment as registered agent and agnions 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 if in writing of this change.	nerfor	mance of my a	acity. I further agree to comply with the buties, and I am familiar with and accept
Signatu	re of Registered Agent			