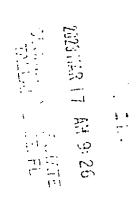
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TO: Registration Section Division of Corporations		•	
MSK TRUCKING TRANSPO	ORT LLC		
	e of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to t	he following:	
Sydney Grice			
Name of Person			
Anderson Business Advisors			
Firm/Company			
3225 McLeod Drive, #100			, , ,
Address			
Las Vegas, NV 89121			•
City/State and Zip Code			,
ra@andersonadvisors.com			1.1
E-mail address: (to be used for future ann	ual report no	otification)	1 1
For further information concerning this matter,	please call:		
Sydney Grice	800	7064741	
Name of Person	(Area Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:		
☑ \$25 Filing Fee		\$55 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

. Name of the limited liability con. (a) 7901 4TH ST N STE 30		· · · · · · · · · · · · · · · · · · ·	_{b)} 7901 4TH ST N STE 300	
Principal office address of (Note: MUST BE S	•	(L	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	
ST. PETERSBURG, FI			ST. PETERSBURG, FL 33702	<i></i>
11/22/2022			L22000498080	
Date of filing/regist	ration in Florida	4.	Document number	
(a) NORTHWEST REGIST	ERED AGENT LLC			
Registered Agent and Registered C	office shown on the records o	f the Florida	da Dept. of State:	
Registered Office Address (ML	<u>IST BE FLORIDA STREET</u>	ADDRESS	<u></u>	
7901 4TH ST N STE 3	00		· · ·	
ST. PETERSBURG		_33702	2	
(b) Anderson Registered A	gents, Inc.			
Enter name of NEW Registered A	gent and/or <u>NEW Registere</u>	d Office ad	ddress:	
625 E. Twiggs Street, S	Suite 110			•
NEW Registered Office Address:				
Tampa		. 33602		
Tampa	, F	L	<u> </u>	
change or changes are made, the cat will be identical. Or, in the ca	Florida street address of a Florida limited live vote of the members	of the regi lability co of the lim	e State of Florida, it is hereby confirmed that a distered office and the business office of the recompany, it is hereby confirmed that the changmited liability company or as otherwise providuability company.	gisto je(s)
ydney Grice hardwarder and			dney Grice	
Signature of a member or authorized repr	esentative of a member		Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

A. I. Mathis,

President

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