



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000002579 3)))



H240000025793ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:___

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

DEPARTMENT OF STATE O

LIC PECISTERE	D ACENT CHAN	VCE

IGH POWERED TRUCKING LIMITED LIABILITY COMPANY

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$25.00		

T. LEMIEUX

JAN 04 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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. Na	ame of the limited liability company: High Power	ered Trucking Limited Liabi	lity Company			
2. (a)	1500 NW 7th court	(b) 1500 NW	(b) 1500 NW 7th court			
(")	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Miami. FL 33136	Miami, F	L 33136			
	12/20/2022 12:00:00 AM	1.2200053	1333			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	LEGALINC CORPORATE SERVICES INC.					
J. (4)	Registered Agent and Registered Office shown on the rec	cords of the Florida Dept. of Sta	nte:			
	476 Riverside Ave.					
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)	DDRESS)			
	Jacksonville	, FL_32202				
(b)	Corporate Creations Network Inc.	_	<u>_6</u> ,			
	Enter name of NEW Registered Agent and/or NEW Reg		G)			
	801 US Highway 1		•	. 0		
	NEW Registered Office Address:		-			
	North Palm Beach	, FL				
change agent v was/wo	imited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menticles of organization or the operating agreement	s of the registered office are nited liability company, it inbers of the limited liabili	nd the business office is hereby confirmed t ty company or as othe	of the regist hat the char		
	Kristen Espinales	Kristen Espinal	es, Attorney-in-Fact			
-	ture of a member or authorized representative of a member		Printed or typed name of			
provisi the obl to merc	by accept the appointment as registered agent a ions of all statutes relative to the proper and con igations of my position as registered agent as pr ely reflect a change in the registered office addr I'in writing of this change.	nd agree to act in this cup inplete performance of my rovided for in Chapter 60 ress, I hereby confirm that	pacity. I further agree duties, and I am Jam 5, F.S. Or, if this doc the limited liability c	e to co iliar y cumei comp		
,	Kristen Espinales Kristen Espinales, Special Sec	cretary				
Signatu	re of Registered Agent					