## L23 000 0 5019

(Requestor's Name)						
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PICK-UP WAIT MAIL						
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(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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## COVER LETTER

_	gistration Section ision of Corporations		
SUBJECT:	Allied Moving/Transportation &	Storage LLC	
Sobsect.	lame of Limited Liability Company	_	
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please return	n all correspondence concerning	this matter to the following:	
Jennifer E W	eissman		
_	Name of Person	<del></del>	
Allied Movir	ng/Transportation & Storage LLC		
	Firm/Company		:
630 Amador	Lane 2		
	Address		,
West Palm B	each Florida 33401		
	City/State and Zip Code	2	
Jennweiss 197	75@icloud.com	:	
E-mail	address: (to be used for future a	nnual report notification)	
For further i	nformation concerning this matt	er, please call:	
Jennifer E W	eissman	561 441-4817 at ( )	
	Name of Person	Area Code & Daytime Telephone Numbe	:r
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enc	losed is a check for the followi	ng 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 Florida.

. Nam	e of the limited liability company:  Allied Moving/Fra	nsporta	ition (	& Storage	LLC
	60 Amador Lane #2	(	(b) 4	710 Spruc	e Ave
. (a) <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	· · · · · ·	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u>'</u>	West Palm Beach Florida 33401	<del></del>	<u>w</u>	est Palm	Beach Flordia 33407
0	1/27/2023	_	1.23	300005019	)
<del>-</del>	Date of filing/registration in Florida	4.			Document number
. (a) J	ennifer E Weissman				
. (a) <u> </u>	egistered Agent and Registered Office shown on the records of the	he Flori	da De	pt. of State	:
ŀ	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>\$\$)</u>		
(	630 Amador Lane #2				
-	West Palm Beach	- 33401			;
-					
(b) _	ennifer E Weissman				ζ.
, E	inter name of NEW Registered Agent and/or NEW Registered	Office a	addre	<u>ss</u> :	
	Jennifer E Weissman				<u>.</u>
-	NEW Registered Office Address:	-			1 6
_	630 Amador Lane #2				
-					
,	West Palm Beach, FL	33401		<u></u>	
hange c gent wi vas/wer	nited liability company is not organized under the law or changes are made, the Florida street address of the Ill be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members of les of organization or the operating agreement of the	registe bility ( f the li limited	ered o comp imite i liab	office and pany, it is d liability	hereby confirmed that the change(s) company or as otherwise provided in pany.
Signatur	re of a prember or authorized representative of a member	_		<u>-</u>	Printed or typed name of signee
   hereby  rovisiói  he ohlig   merel	v accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided verified a change in the registered office address, I have been all the change.	perjori I for in	manc 1 ( ha	ve oj my a voter 605	F.S. Or, if this document is being filed
signature	of Registered Agent				
1	Division of Corporations • P.O. I	30x 63	27•	Tallahas	see, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)