## Florida Department of State

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(((H24000131663 3)))



H240001316633ABC-

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE SANDERS REFRIGERATED TRANSPORT LLC

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APR 1 6 2024

	•	COVER LETTER	(((H24000131663 3)))
TO:	Registration Section Division of Corporations	-	, ,,
SUBJE	SANDERS REFRIGERATED TRANSPO	DRT LLC	
30 131.		Limited Liability Company	
Dear Si	r or Madam:		
The end	losed Registered Agent/Registered Office C	hange and fee(s) are submitted	for filing.
Please r	eturn all correspondence concerning this ma	tter to the following:	
LOVET	TE DOBSON		
	Name of Person		
	Firm/Company		
17350 S	TATE HWY 249 STE 220		
	Address		
HOUST	ON, TX 77064		
	City/State and Zip Code		
EFILE	234@INCFILE.COM		
E-	mail address: (to be used for future annual r	eport notification)	
For furt	her information concerning this matter, plea	se call:	
LOVET	TE DOBSON	888-462-3453	
	Name of Person	· <del></del>	time Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	ction porations allahassee : Street, Suite 810
	Enclosed is a check for the following amo	ount:	
	■ \$25 Filing Fee	\$55 Filing Fee & Cert	ified Copy
INHS18	(2/14)		(((H24000131663 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000131663 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.

. Na	me of the limited liability company: SANDERS REFR	IGERATE	DTRANS	SPORT LLC		
. (a)	19011 NW 53TH AVENUE	(b)	(b) 19011 NW 54TH AVENUE			
	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)			Mailing address of lim (Note: MAY BE PC	ited liability company; DST OFFICE BOX)	
	MIAMI GARDENS, FL 33055	_	MIAMI G	SARDENS, FL 33055	·	
	02/09/2023	 I	.23000072	991		
	Date of filing/registration in Florida	- 4,		Document numbe	l'	
(a)	AHMAR J SANDERS					
(/	Registered Agent and Registered Office shown on the records of t 19011 NW 541H AVENUE	he Florida	Dept. of Stat	de:		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		_		
	MIAMI GARDENS	33055		_		
(b)	REPUBLIC REGISTERED AGENT LLC				2024 APR 16	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	- -	API	
	1150 Nw 72nd Ave Tower I Sic 455			· _	- •	
	NEW Registered Office Address:				PH 1	
		<u>.</u>		_	<u>ငှာ</u>	
					94	
	Miami	33126		_		
iange iont w as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered bility con f the limit	office an pany, it is ed liabilit	d the business offices hereby confirmed v company or as ot	e of the registered that the change(s)	
孤	mai Sanders	Ahma	r Sanders			
hacat	are of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. The firewriting of this change.	re to act in performan for in Ch	i this cape ce of my c apter 605	Printed or typed name acity. I further agr duties, and I am fai F.S. Or, if this do	an en annants voiele elem	