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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

<u>.</u>	・ ・ ・ ・ En接紙 the	email address for this business entity to be used for future
\Box		l report mailings. Enter only one email address please.**
¥	පුදිළිmail	Address:
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	15.844 15.844 15.844	LLC REGISTERED AGENT CHANGE

STS SOLE TRANSPORTATION SERVICES, LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	une of the limited liability company:	nsportation Service	es LLC	· · · · · · · · · · · · · · · · · · ·
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limite (Note: MAY BE POS	
	02/15/23	L230	000082598	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	INC AUTHORITY RA			
2. 1U;	Registered Agent and Registered Office shown on the record		202	
	390 NORTH ORANGE AVE., STE 2300-N			
	Registered Office Address (MUST BE FLORIDA STRE		HAR 25	
	ORLANDO			PH 2:
(b)	Registered Agents Inc		(3) 1 2m ∞	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	ered Office address	:	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	, FI. <u>33702</u>		
the cha agent v was/we the arti	imited liability company is not organized under the arge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membe cles of organization or the operating agreement of	e laws of the Stat s of the registere d liability compa ers of the limited the limited liabil	e of Florida, it is hereby co d office and the business o my, it is hereby confirmed liability company or as oth	flice of the registered that the change(s)
12	tore of a member or authorized representative of a member	Robin Joi	nes	
Signal	ture of a member or authorized representative of a member		Printed or typed name	of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compl igations of my position as registered agent as prov Ty reflect a change in the registered office address	agree to act in the lefe performance vided for in Chap s, I hereby confir	his capacity. I further agre of my duties, and I am Jan vier 605, F.S. Or, if this do m that the limited liability	e to comply with the filiar with and accept cument is being filed company has been

Signature of Registered Agent

natified in writing of this change.

David Roberts

- Assistant Secretary