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TO:

INHS18 (2/14)

Registration Section

Division of Corporations				
SUBJECT: Bright Future Moving & F	lauling, LL	.C		
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the	following:		
Jeremiah T. Sailor				
Name of Person		_		
Bright Future Moving & Hauling, Ll	LC			
Firm/Company		_	202	
7901 4th Str, Suite 13881			1023 Nor M	
Address			, *	
St. Petersburg, FL 33702			17. 17. E. 19. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
City/State and Zip Code				
letisha@bfmoving.biz			, .	
E-mail address: (to be used for future annu	ial report notifi	ication)		
For further information concerning this matter, p	olease call:			
Jeremiah T. Sailor	at (<u>8</u> 13	₎ 467-9303		
Name of Person		Area Code & Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314		
Enclosed is a check for the following a	amount:			
□ \$25 Filing Fee	□ S5	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

1. Na	me of the limited liability company: Bright 1	-uture ivic	oving & Hauling, LLC
2. (a)	1851 E. Fletcher Ave. #705	(b) 79	901 4th Street
()	Principal office address of limited liability company:		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) Tampa, FL 33612	S.	(<u>Note: MAY BE POST OFFICE BOX</u>) uite # 13881
	- Tampa, 1 E 000 12		
		St.	Petersburg, FL 33702
	2/21/2023	L2	3000092872
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Letisha D. Bivins		
` ,	Registered Agent and Registered Office shown on the record	s of the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	5019 Wesley Drive		2
	Tampa	_{FL} 33647	2023 Por 14
(h)	Registered Agents Inc		
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Agent	red Office address:	•
(b)		ered Office address:	•
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	ered Office address:	•

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.

Jeremiah T/ Sailor, Manager

Printed or typed name of signee

David Roberts - Assistant Secretary

authorized representative of a member