

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.

(((H24000158733 3)))



H240001587333ABC0

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:

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. **

Email Address:

LLC REGISTERED AGENT CHANGE LLA TRUCKING LLC

P. C. F. IV ED

BORA APR 31 AM 11: 05

DEPARTMENT OF STATES

DIVISION OF SPEC. FLORIDA

TALLAHASSEE. FLORIDA

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

.....

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 0 1 2024 K. Brumble)

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. N	ame of the limited liability company: LLA Trucking LLC	c		
2. (a)	4749 PLAYSCHOOL DRIVE.		(b) 4749 PLAYSCHOOL DRIVE.	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	` '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32210	<u> </u>	JACKSON	VILLE, FL 32210
	05/01/2024		L230001510	064
3.5. (a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number
J. (4)	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	he Flor	ida Dept. of Stat	- c:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>:SS)</u>	-
	JACKSONVILLE	32202		202
(b)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered (Office	address:	2024 H. Y -
	801 US Highway I	<u> </u>	<u> </u>	
	NEW Registered Office Address:			6:
	North Palm Beach, FL_	33408	:	- -
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility f the l	ered office and company, it is imited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
_(Strella Tavarez	E	strella Tavarez,	Attomey-in-Fact
_	iture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obj to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ho d in writing of this change.	erfor	mance of my a	luties, and I am Iamiliar with and accept

atrella Tavarez Estrella Tavarez, Special Secretary

Signature of Registered Agony