Florida Department of State Division of Corporations Electronic Hilling Cover Sheet

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.

(((H24000158794 3)))



1240001 587943ABC7

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 ESTIME FAMILY TRUCKING LLC

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

PECEIVED MILLS 08

24 MAY - 1 MM 11: UO DEPARTIENT OF STATE VISION OF CORPORATIONS TALLAHASSEE, FLORIDA

Eleerronic Filing Menu

Corporate Filing Menu

Help

MAY 01 2024 K. Brumbley

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.

?. (a)	807 FIELDSTONE WAY	(807 FIELD	STONE WAY	
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited li (Note: MAY BE POST O	
	WEST PALM, FL 33413		WEST PAL	.M, FL 33413	
	05/01/2024		L230001587	90	
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	LEGALINC CORPORATE SERVICES INC.				
. (-,	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State:	:	
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA STRE	T ADDRES	<u>s)</u>		
	JACKSONVILLE	FL_32202			
(b)	JACKSONVILLE Corporate Creations Network Inc.	FL			202Կ Բ
(b)			ldress:		2024 HAY
(b)	Corporate Creations Network Inc.		ddress:		2024 HAT - 1 F
(b)	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		ddress:		2024 HAY - 1 PH 5:
(b)	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 801 US Highway 1		ddress:		· · · ·
(b)	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 801 US Highway I <u>NEW</u> Registered Office Address:		ddress:		- PH 5:
	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 801 US Highway I <u>NEW</u> Registered Office Address:	red Office at		ido is in bornhy confí	PH 5: 31

Signature of a member or authorized representative of a member

Estrella Tavarez, Attorney-in-Fact

Printed or typed name of signee

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.

Signature of Registered Agony

Signature of Registered Agony