

L23000168110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

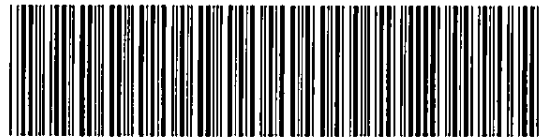
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*pd by money order.
cleared on 04/17/24.
Receipt attached.*

*dec
6/14/24*

Office Use Only



700420426587

FILED

2024 APR 17 AM 10:18

SECRETARY OF STATE
MAIL ROOM

Ra Change

JUN 14 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPERIOR LOGISTICS SOLUTIONS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Ware

Name of Person

SUPERIOR LOGISTICS SOLUTIONS LLC

Firm/Company

15350 Amberly Drive Unit 4621

Address

Tampa, Florida 33647

City/State and Zip Code

SUPERIORLOGISTICSCOMPANY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Ware

813

401-3210

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

FILED
2024 APR 17 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL

Cushing, Diane

From: [REDACTED]
Sent: Thursday, June 13, 2024 4:23 PM
To: Cushing, Diane
Subject: Re: FW: Amendments Form
Attachments: 20240613_155959.jpg; Cover Letter.jpg; Statement of Change.jpg

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

The amount was paid with a money order. I've attached a photo of the purchaser's receipt along with the paperwork you requested.
If you need to verify that the money order was cashed by D.O.C. you can call (813) 637-6250 for verification.

On Thu, Jun 13, 2024 at 8:51 AM Cushing, Diane [REDACTED] <[REDACTED]>: <[REDACTED]>

Send me a copy of what you sent along with a copy of the front and back of the cancelled check from the bank and I will get it taken care of for you.

Diane C. Cushing

Operations Manager A

Amendment Section

Division of Corporations

[REDACTED]

[REDACTED]

[REDACTED]
Sent: Wednesday, June 12, 2024 5:35 PM

To: Cushing, Diane [REDACTED]

Subject: RE: FW: Amendments Form

EMAIL RECEIVED FROM EXTERNAL SOURCE

So the paperwork was never filed but the payment was processed.

2229822600

Purchaser's Receipt

04/04/24

DATE Fee: 0.00

AMOUNT

T.C. \$\$25.00

NO 2229822600

PAY TO THE ORDER OF

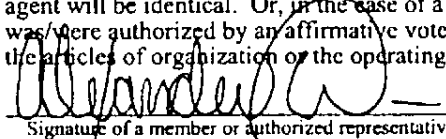
AMSCOT CORPORATION
P.O. BOX 25137
TAMPA, FL 33622-5137

**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. Name of the limited liability company: SUPERIOR LOGISTICS SOLUTIONS LLC
2. (a) 15350 Amberly Drive
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Tampa, Florida 33647
Unit 4621
03-07-2024
- (b) 18489 N. US HWY 41
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Lutz, Florida 33548
P.O. BOX 2435
L23000168110
3. INC AUTHORITY RA
Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
390 NORTH ORANGE AVE
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
STE 2300-N
Orlando, FL 32801
- (b) Alexander Ware
Enter name of NEW Registered Agent and/or NEW Registered Office address:
15350 Amberly Drive
NEW Registered Office Address:
Unit 4621
Tampa, FL 33647

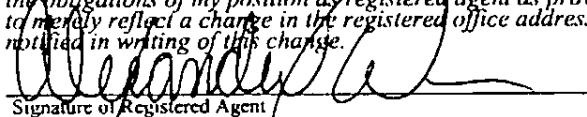
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Alexander Ware

Printed or typed name of signer

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 Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2024 APR 17 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FL