(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer.					
lmil	<u>S</u>				

Office Use Only



900439037819

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95		
	REFERENCE	:	840068	7681421		
	AUTHORIZATION	:		(1		
	COST LIMIT	:	\$ 25.00	a de la como de la com	وريب	
ORDER DATE :	December 16, 202	4				
ORDER TIME :	12:34 PM					
ORDER NO. :	840068-063					
CUSTOMER NO:	7681421					
		 -		-		
CHANGE OF AGENT						
NAME.	LIGHTNING HAU	r r	r.C			
NAME.	LIGHTNING HAU	ת ת	ь¢			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:		
CERTIFIED COPY PLAIN STAMPED COPY						
I Driin						
CONTACT PERSON: Shauna Godbolt EXT#						

EXAMINER:

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.

I. Na	ame of the limited liability company: LIGHTNING	HAUL LLC	
2. (a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	/ _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6618 Kingsponte Pkwy	3	956 TOWN CENTER BLVD STE 137
	ORLANDO, FL 32819		ORLANDO, FL 32837
	06/27/2023	L2	3000307688
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
μ. (α)	Registered Agent and Registered Office shown on the record	s of the Florida De	pt. of State:
	ASSURED COMPLIANCE SERVICES, LLC		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	1615 WOODWARD ST.		2021
	ORLANDO	. FL_32803	2021 DEC TRACES
		.FL	·
(b)			
(-)	Enter name of NEW Registered Agent and/or NEW Register	ered Office addre	
	Corporation Service Company		2: 04
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	., 32301	
		, FL	
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	the registered of d liability comp ers of the limited	office and the business office of the registered lany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
/s/ P	Philip K. Calandrino	Philip I	K. Calandrino, Authorized Person
•	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in ele performanc ided for in Cha , I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu	ire of Registered Agent	GRACE E. KI	RBY, ASST. VICE PRESIDENT