## L23000351525

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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Riley Evers Transport Name of Limited	LLC
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Kathleen Ann Riley - Eves Name of Person	<del></del>
Riley Even Transport C	<u>lc</u>
8486 105th Are Address	
Vero Beach, FL 32967 City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, please call:	
Juanita Carole Evers at 813  Name of Person	708-495) 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)

## 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. 1	Name of the limited liability company: Riley	Evers Transport LLC		
	1) 8486 105th Ave	(b) 8486 105th Ave		
2. (4	Principal office address of firmited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Vero Beach, FL 32967	Vero Beach, FC 32967		
		·		
	March 26, 2024	L23000357525		
3.	Date of filing/registration in Florida	4. Document number		
5. (2	•			
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:		
	·			
	Registered Office Address <u>MUST BE FLORIDA STREET</u>	( ADDRESS)		
	476 Riverside Ave			
	<u>Jackson ville</u> . F	1 32202 PS PS TO		
	17 M.L. 1 Dd 4.			
(b	Enter name of NEW Registered Agent and/or NEW Registere	Ve/3		
	Filler hame of the wikepineted Agent and the wikepinete	and of the andress.		
	8486 105th Ave			
	NEW Registered Office Address:			
	·-			
	Vero Beach F	71. 32967		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the				
chan	ige or changes are made, the Florida street address of the	he 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 a	articles of organization or the operating agreement of the	<b>A</b>		
Sig	gnature of a member or authorized representative of a member	J. Corole Evers Printed or typed name of signee		
1 Ke	reby accept the appointment as registered agent and ag	gree 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				
1	Kathley Hom Kleg En	Kurnleen Ann Riley-Evers		