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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number (813)436-5206

	
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LLC REGISTERED AGENT CHANGE DALOUR TRUCKING LLC

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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:	LC		
2. (a)		(b)		····
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	dabilny company;
	12/12/2023	L23000	0548016	
3. 5. (a)	Date of filing/registration in Florida ROSADO, DAVID	4.	Document number	-
J. (11)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. i	of State:	
			۵٬	2
	Registered Office Address [MUST BE FLORIDA STREET A	DDRESS)		•
	380 SIERRA MIKE BLVD			
	LAKE ALFRED , FL	33850		٠,
				F3:2: 22
(b)	Registered Agents Inc		<u> </u>	2:5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		2
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg , FI.	33702		
the charagent was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited had ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered of bility company the limited lia imited liability	office and the business office, it is hereby confirmed that ability company or as otherway company.	to of the registered to the change(s)
	ture of a member or authorized representative of a member	Robin Jones		
Therei provisi the obli to mere	by accept the appointment as registered agent and agree on some of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. David Roberts - Assistant Secrets	performance o, for in Chaptè, ereby confirm	Printed or typed name of s s capacity. I further agree to f my duties, and I am famili r 605, F.S. Or, if this docur that the limited liability con	a annuala saide den

Signature of Registered Agent