## L24000140323

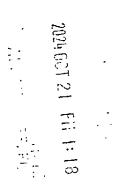
(Requestor's Name)							
(Address)							
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,							
(City/Chata/Zia/Dhana th)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





600438119466

19/21/24--01914--019 ++25.00



## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	American Chassis Leasing, LLC ECT:						
		ame of Limited Li	ability Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered C	office Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to the I	ollowing:				
Steven	P. Rooney						
	Name of Person		<del></del>				
Americ	ran Chassis Leasing, LLC						
	Firm/Company		_				
РО Во	x 4609						
	Address	-	<u> </u>				
Pensac	ola, FL 32507						
	City/State and Zip Code		<del>_</del>				
americ	anchassis@aol.com						
15	-mail address: (to be used for future a	nnual report notifi	cation)				
For fur	ther information concerning this matte	er, please call:					
Steven	Rooney	504 at (	455-4398				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address:		Street Address:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	P.O. Box 6327		The Centre of Tallahassee				
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following	ng amount:					
	■ \$25 Filing Fee	□ \$5	☐ \$55 Filing Fee & Certified Copy				

## 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: American Chassi	is Leasing.	, LLC		
2. (a)		_			
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	;	Mailing address of lin	nited liability company: OST OFFICE BOX)
	13450 Perdido Key Drive, Unit 10129		PO Box 46	609	
	Pensacola, Florida 32507		Pensacola,	, FL 32507	
	March 1, 2024		L240001402	323	
3.	Date of filing/registration in Florida	4.		Document number	er
5. (a)					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	e:	
	Steven P. Rooney				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		-	
	13450 Perdido Key Drive, Unit 2306				
	Pensacola	32507		_	
	Pensacola , FI	···		- :	202
(b)				<u></u>	55 54
ζ.,	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:	_	.024 GCT 21
	Steven P. Rooney				<u></u> 
	NEW Registered Office Address:		<del>-</del>	-	<del></del>
	13450 Perdido Key Drive, Unit 10129			77	<del></del>
					co
	Pensacola . FI	32507			
change agent was/w the art  Signa  There provis the obto mer notifie	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livered authorized by an affirmative vote of the members of icles of organization or the operating agreement of the fine of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It does not require of Registered Agent	e registere ability co of the lim limited l Stev	ed office and mpany, it is ited liability iability com- ten P. Rooney in this cand	d the business offices hereby confirmed by company or as company.  Y  Printed or typed nanity curity. I further as	ce of the registered d that the change(s) otherwise provided in the of signee

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