Florida Department of State

Division of Corporations ectronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

12. From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: __managedreports@incorp.com

LLC REGISTERED AGENT CHANGE SPACKMAN LOGISTICS LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

M. SOLOMON JUN 14 2024

COVER LETTER

SHID IDOT.	Space	kman Logistics LLC
SUBJECT:		Limited Liability Company
Dear Sir or Mada	n:	
The enclosed Reg	istered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this ma	tter to the following:
,		
	Marlene Calderon	
	Name of Person	
	InCorp Services, Inc.	
	Firm/Company	
[₩] 1910	7 West Russell Road Suite 100	
	Address	
	Las Vegas, NV 89148-1233	
	City/State and Zip Code	
managedrepor	ts@incorp.com	
E-mail addn	ess: (to be used for future annual re	eport notification)
For further inform	nation concerning this matter, pleas	se call:
arlene Calderon on	behalf of InCorp Services. Inc.	800-246-2677
N	ate of Person	Area Code & Daytime Telephone Numbe
Registrat Division P.O. Box	Address: ion Section of Corporations : 6327 see, 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 amo	unt:
⊮ \$25 Fi	ling 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.

gistics LLC	
(b) 6420 SECLUSION TER	
	Mailing address of limited liability company (Note: MAYBE POST OFFICE BOX)
Vero 8	Beach. FL 32967
L24000	215925
4.	Document number
f the Florida Dept. of	State
ADDRESS)	
i32967543	
d Office address	
	<i>n</i>
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nws of the State of of the registered of liability company,	
	Vero E L24000 4. State Florida Dept. of L32967543 L 32967543 L 32312 The State of the limited liability company, of the limited liability

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

Louise Breytenbach on behalf of InCorp Services, Inc.

Signature of Registered Agent