

M180000000026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

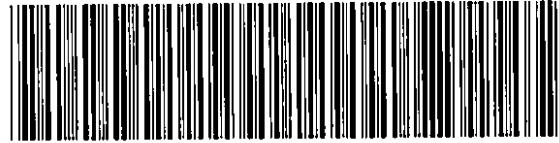
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 23 2024

Office Use Only



600429194926

FILED

2024 MAY 22 AM 10:21

RECEIVED

2024 MAY 22 PM 12:59

TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 05/22/24
Order #: 1516076-1
Re: Southeastern Traffic Supply, LLC
Processing Method: In-House

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH'.

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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. Name of the limited liability company: <u>SOUTHEASTERN TRAFFIC SUPPLY, LLC</u>	
2. (a) <u>1008 Bell Avenue</u> Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u> <u>Ft. Pierce, FL 34982</u>	(b) <u>3300 Highlands Pkwy</u> Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> <u>Suite 110</u> <u>Smyrna, GA 30082</u>
3. <u>January 2, 2018</u> Date of filing/registration in Florida	4. <u>M18000000026</u> Document number
5. (a) <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:</u> <u>Sikaffy, Gus, Regional Director</u> <u>Registered Office Address (MUST BE FLORIDA STREET ADDRESS)</u> <u>1008 Bell Avenue</u> <u>Ft. Pierce, FL 34982</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee, FL 32301</u>	

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2024 MAY 22 AM 10:21
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the 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 articles of organization or the operating agreement of the limited liability company.

/s/ Flossie Holmes
Signature of a member or authorized representative of a member

Flossie Holmes, Authorized Person
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree 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 notified in writing of this change.

Lindsey M. Lockard
Signature of Registered Agent
Lindsey M. Lockard, Asst. Vice President on behalf of Corporation Service Company