Date: 10/08/19 Time: 7:57 AM Page: 01/02 To: 18506176383 From: 14693173436

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Co			
	Fax Number	: (850)617-6383		
From:				1
		: LEGALINC CORPORATE SERVICES	INC.	
		: 120180000011 : (844)386-0178		
	Fax Number	: (844)386-0178 : (214)317-4754		
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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.

l. Na	me of the limited liability company: Truck IT App.	LLC			
			(۱		
2. (11)	Principal office address of limited liability company			ailing address of limited liability company (Note: MAY BE POST OF FICE BOX)	
	( <u>Note: MUST BE STREET ADDRESS)</u> 1438 W PEACHTREE ST., STE 210			PEACHTREE ST., STE 210	
		_			
	ATLANTA, GA 30309	_	ATLANTA	A, GA 30309	
	05/28/2019		M190000	05586	
3.	Date of filing/registration in Florida	4.	Ţ	Document number	
5. (a)				000	
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept, of State.		
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>s)</u>	© 733		
	1200 SOUTH PINE ISLAND ROAD		대한 영화		
	PLANTATION ., FI	33324	<b>\</b>		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> LEGALING CORPORATE SERVICES INC. <u>NEW Registered Office Address.</u>		ddress		
	5237 SUMMERLIN COMMONS BLVD STE	400			
	FORT MYERS	33907	7		
the cha agent was/we the art	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization: or the operating agreement of the Mck. Palen were of a member or authorized representative of a member	ws of the fregulative control of the line	e State of Flo istered office company, it is mited liability	hereby confirmed that the change(s) company or as otherwise provided in	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I dimoviting of this change.  (((((((((((((((((((((((((((((((((((	rree to a e perform ed for m hereby	ct in this cape nance of my c Chapter 605 confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been	

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