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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 582433 8269478 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: March 14, 2023 ORDER TIME : 9:09 AM ORDER NO. : 582433-216 CUSTOMER NO: 8269478 CHANGE OF AGENT NAME: NACARATO TRUCK CENTERS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT	PERSON:	Alexxis	Weiland-sorens	son	
			EXAMINER'S	INITIALS:	

CERTIFIED COPY
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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: NACARATO T	RUCK CEN	ENTERS, LLC		
2. (a)	519 NEW PAUL ROAD	(b)	(b) 519 NEW PAUL ROAD		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	LA VERGNE, TN 37086		LA VERGNE, TN 37086		
	11/02/2022		M22000016771		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a))				
(Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC.	of the Florida	·		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	S) 52 53		
	7901 4TH ST. N., STE. 300		THE		
	ST PETERSBURG . F	33702	SO STATE OF		
			TO E		
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>ed Office add</u>	Idress:		
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee . F	32301			
change agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the S e registered iability con of the limit	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
			Lloyd Baldridge. Authorized Person		
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	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 provide ely reflect a change in the registered office address. If it writing of this change.	ree to act i e performan ed for in Cl hereby coi	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept thapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been		
_	re of Registered Agent E. Kirby, Asst. Vice President				

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