P190000 13564

(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:					

Office Use Only



500325984895

93/14/19--01021--006 **280.00

MAR 2 5 2019 T. LEMIEUX

COVER LETTER.

TO: Amendment Section Division of Corporations LTL Hub Corp Name of Corporation P19000013564 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brian K. Mathis Name of Contact Person Mathis Law Group Firm/Company 515 E. Las Olas Blvd., Suite 120 Address Ft. Lauderdale, FL 33301 City/State and Zip Code admin@mathislawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 616-4404

Area Code & Daytime Telephone Number Laura Densford Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address:

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize r to change its registered office or registere	ed under the laws of the State of .	Florida	
	_			
1. The name of t	the corporation: LTL Hub Corporation: 8005 NW 80 St. Unit	t 1 Miami El 33166		
2. The principal	office address: 0003 1444 00 31. 3111	11, 14114111, 1 2 00 100		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 2/08/2019	Document number: P1900	00013564	
	d street address of the current registered age rtment of State: (If resigned, enter resigned)		rith the	
	Luis D. Lopez		-	
	8005 NW 80 St., Unit 1			
	Miami, FL 33166		-	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered o	ffice	
	Brian K. Mathis	Sign	201	
	515 E. Las Olas Blvd., Suite 12	20	THE THE	
	P.O. Box NOT ac	cceptable 5 17	=	
	Ft. Lauderdale, FL 33301	<u>92</u>	- 114	
The street address changed will	ess of its registered office and the street ad	ldress of the business office of	ts registered agent,	
Such change wa	ge was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change.			
/	CXV	Luis Lopez, President		
I hereby accept I further agree	pe of an officer of director I the appointment as registered agent and to comply with the provisions of all statut fmy duties, and I am familiar with and account to the corporation has been notified in that the corporation has been notified in	es retative to the proper and con	mplete wijas registered	
	i K. Mathi	3/01/2019		
Si	gnature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
L	un lopm.			
	Typed or Printed Name			

* * * FILING FEE: \$35.00 * * *