PZ10000 93199

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COVER LETTER

TO:

Amendment Section

Division of Corporations				
SUBJECT: LOGISTICS U INC				
Name of Corporation				
DOCUMENT NUMBER: P21000093199				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter t	o the following:			
JAVIER VALLADARES JR				
Name of Contact Person				
LOGISTICS U INC				
Firm/Company				
2150 GRACE AVE				
Address				
FORT MYERS, FL 33901				
City/State and Zip Code				
JGVALLADARES24@HOTMAIL.CO	OM		_	
E-mail address: (to be used for future annual report	notification)		SECRETARY SECRETARY	į
For further information concerning this matter, please ca	ill:		C-9	
JAVIER VALLADARES JR	at (239) 280-6482 & Daytime Telep	第二条	· = '
Name of Contact Person	Area Code	& Daytime Telep	hone Number 🕠	. 7
Enclosed is a \$35.00 check made payable to the Departm	nent of State.		मिन्न क	

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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this mized under the laws of the State of FLORIDA tered agent, or both, in the State of Florida.			
1. The name of t	he corporation: LOGISTICS U INC				
2. The principal office address: 2150 GRACE AVE, FORT MYERS, FL 33901					
3. The mailing a	ddress (if different):				
4. Date of incorporation/qualification: 10-27-2021 Document number: P21000093199					
5. The name and		agent and registered office on file with the			
	JAVIER VALLADARES JR				
	3911 14TH ST SW				
	LEHIGH ACRES, FL 33976				
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office			
	2150 GRACE AVE				
	P.O. B FORT MYERS, FL 33901	ox NOT acceptable			
The street addre	ss of its registered office and the stree be identical.	et address of the business office of its registered agent.			
Such change wa authorized by th	s authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an office to otified in writing of the change.			
Jacob		JAVIER VALLADARES JR			
I hereby accept I further agree to of my duties, an document is bei	d Lami familiar with and accept the ob	nd agree to act in this capacity. Itutes relative to the proper and complete performance obligation of my position as registered agent. Or if this the registered office address, I hereby confirm that the			
As	and S	11-29-2024			
Jan	nature of Registered Agent	Date			
If signing on be	half of an entity:				
JAVIER VALLA	ADARES JR				
T	ped or Printed Name				

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