

PZ10000 93199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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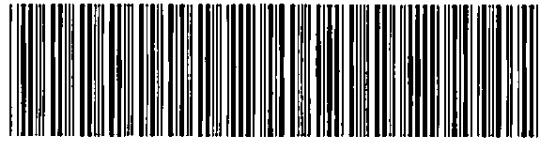
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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 to 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.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER VALLADARES JR at ( 239 ) 280-6482  
Name of Contact Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LOGISTICS U INC

2. The principal office address: 2150 GRACE AVE, FORT MYERS, FL 33901

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10-27-2021 Document number: P21000093199

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)


JAVIER VALLADARES JR  
3911 14TH ST SW  
LEHIGH ACRES, FL 33976

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2150 GRACE AVE  
P.O. Box NOT acceptable  
FORT MYERS, FL 33901

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JAVIER VALLADARES JR  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

11-29-2024  
Date

If signing on behalf of an entity:  
JAVIER VALLADARES JR  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

SECRETARY OF STATE  
TALLAHASSEE  
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