P22000086953

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COVER LETTER

Amendment Section Division of Corporations

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TO:

SUBJECT: SUGAR SAND LOGISTICS INC
Name of Corporation
DOCUMENT NUMBER: P22000086953
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:
Michelle C. Hanratty
Name of Contact Person
Sugar Sand Logistics Inc
Firm/Company
7755 Fenwick Street
Address
Navarre, FL 32566
City/State and Zip Code
mchanratty@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle C. Hanratty at (757 759-0505 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of chair	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	ne corporation: Sugar Sand Logistics Inc
2. The principal Navarre, FL 3256	office address: 7755 Fenwick Street
3. The mailing a	ddress (if different):
4. Date of incorp	oration/qualification: 11/17/2022 Document number: P22000086953
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	United States Corporation Agents Inc
	476 Riverside Ave
	Jacksonville, FL 32202 Street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Shawn E. Hanratty
	الم
	P.O. Box NOT acceptable P.O. B
The street addre	ss of its registered office and the street address of the business office of its registered agent be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Millers	Michelle C. Hanratty President Printed or typed name and title
I further aerée t	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of a familiar with and accept the obligation of my position as registered agent. Or, if this performance is the segistered office address, I hereby confirm that the been notified in writing of this change.
Some	October 23, 2023
Sign	ature of Registered Agent Date
If signing on bel	nalf of an entity:
Ту	ped or Printed Name * * * FIL1NG FEE: \$35.00 * * *

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