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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future ${ar >}$ annual report mailings. Enter only one email address please. **.

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2020 AUG - 4 AH

LLC REGISTERED AGENT CHANGE ANS DELIVERY, LLC

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AUG 11

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.

| Na | ane of the limited liability company:ANS | DELIVER | Y, LLC | | | | |
|-----------------------------------|--|---|---|--|---|--|--|
| . (a) | 530 Pine Street, F. Rochester, MI 48307 | (b) | 530 Pine | ine Street, F, Rochester, MI 48307. | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Muiling address of | | | Climited liability company: E POST OFFICE BOX) | | |
| | 11/21/2005 | | | L05000113948 | | | |
| | Date of filing/registration in Florida | 4. | | Document number | | | |
| (a) | Richard DeCook | | | | | | |
| | Registered Agent and Registered Office shown on the records of t | he Florida C | ept. of State: | | • | | |
| | 10111 SE Osprey Pointe Drive | | | | • | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | | | | | |
| | Hobe SoundFL. | 33455 | | | 2020 A | ? 7 1 | |
| | C T Corporation System | • | | ; · | AUG - | - I - I - I | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office addr | 222: | | ÷ > & | | |
| | NEW Registered Office Address: | | | | Ω | | |
| | 1200 South Pine Island Road | | | | | | |
| | Plantation , FL | 33324 | | | | | |
| e cha ent w is/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative yote of the members of cles of organization or the operating agreement of the | the registe bility con fahe limit | ered office apany, it is ed liability | and the business of hereby confirmed to company or as oth- | Tice of the that the c | ne registere hange(s) | |
| | CNAMINACIAL American Secretary | | | Christine Kelm | | ·-· | |
| herel ovisie e obli mere | we of a member or amborized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. C. T. Corporation System | ee to act is performal I for in Ch ereby con | n this capa | Printed or typed name of city. I further agre- uties, and I am fom F.S. Or, if this doe he limited liability o | e to com | ply with the vand accept being filed has been | |