# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN E DELK

Electronic Signature of Signing Officer/Director Detail

# FEI Number: 27-0045956 Name and Address of Current Registered Agent:

DELK, COLLEEN E 8535 POSEY RD JACKSONVILLE, FL 32220 US

**Current Mailing Address:** 

JACKSONVILLE, FL 32220

8535 POSEY ROAD

DOCUMENT# P0300003271

8535 POSEY ROAD JACKSONVILLE, FL 32220

**Current Principal Place of Business:** 

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE: COLLEEN E DELK

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	PRESIDENT
Name	DELK, COLLEEN E
Address	8535 POSEY RD
City-State-Zip:	JACKSONVILLE FL 32220

Entity Name: GEMINI LOGISTICS OF NORTH FLORIDA, INC

### FILED Jan 31, 2024 Secretary of State 7209532012CC

Certificate of Status Desired: Yes

01/31/2024

Date

PRESIDENT

01/31/2024

Date