| 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.   |

VP

SIGNATURE: MENDES, CAMYLA

Electronic Signature of Signing Officer/Director Detail

| 2020 FL | ORIDA PROFIT ( | CORPORATION A | NNUAL REPORT |
|---------|----------------|---------------|--------------|
|         |                |               |              |

#### DOCUMENT# P10000015932

Entity Name: BEYOND LOGISTICS OF SOUTH FLORIDA, INC.

### **Current Principal Place of Business:**

3400 MCINTOSH ROAD BLDG F, BAY #7, 12, 13 FT. LAUDERDALE, FL 33316

## **Current Mailing Address:**

P. O. BOX 460789 FORT LAUDERDALE, FL 33346

## FEI Number: 27-2002080

### Name and Address of Current Registered Agent:

LEVINE, MORRIE I. ESQ. 3300 N 29TH AVE SUITE 104 HOLLYWOOD, FL 33020 US

# FILED Jun 29, 2020 Secretary of State 4301318837CC

Certificate of Status Desired: No

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                 | : MORRIE I. LEVINE                       |                 |                                  | 06/29/2020 |  |  |
|---------------------------|--|-----------------|----------------------------------|------------|--|--|
|                           | Electronic Signature of Registered Agent |                 | Date                             |            |  |  |
| Officer/Director Detail : |  |                 |                                  |            |  |  |
| Title                     | SECRETARY, TREASURER                     | Title           | PRESIDENT                        |            |  |  |
| Name                      | BOLTHOUSE, TODD                          | Name            | BOLTHOUSE, CAROLINE              |            |  |  |
| Address                   | 38 MODOC PLACE                           | Address         | 34 LAFRANCHI ROAD                |            |  |  |
| City-State-Zip: N         | NOVATO CA 94947                          | City-State-Zip: | P.O. BOX 751<br>NICASIO CA 94946 |            |  |  |
| Title                     | VP                                       | City-State-Zip. | NICASIO CA 94940                 |            |  |  |
| Name                      | MENDES, CAMYLA                           |                 |                                  |            |  |  |
| Address                   | 3090 PALM TRACE LANDINGS DR<br>APT 416   |                 |                                  |            |  |  |
| City-State-Zip:           | DAVIE FL 33314                           |                 |                                  |            |  |  |

06/29/2020 Date