

587929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

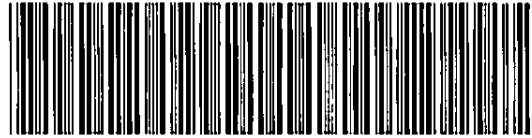
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900328066649

04/23/19--01024--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 23 AM 11:27

Ra Chang

MAY 04 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Logistic Services International, Inc.

Name of Corporation

DOCUMENT NUMBER: 587929

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:

Earlis E. Harvey II

Name of Contact Person

Logistic Services International, Inc.

Firm/Company

6111 Technology Court

Address

Jacksonville, FL 32221-8104

City/State and Zip Code

eharvey@LSIJAX.com

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 23 AM 11:27

For further information concerning this matter, please call:

Earlis E. Harvey II

Name of Contact Person

at (904) 779-6013

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Logistic Services International, Inc.
2. The principal office address: 6111 Technology Court
Jacksonville, FL 32221-8104
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/28/1978 Document number: 587929

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)

RAX Co.

50 N. Laura Street, Suite 3300

Jacksonville, FL 32202

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

Earlis E. Harvey II

6111 Technology Court

P.O. Box NOT acceptable

Jacksonville, FL 32221-8104

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 so authorized by the board, or the corporation has been notified in writing of the change.

Warren S. Rosander
Signature of an officer or director

Warren S. Rosander, Chief Executive Officer
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.

Earlis E. Harvey II
Signature of Registered Agent

04-15-2019
Date

If signing on behalf of an entity:

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
CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 23 AM 11:27