

FO20000000770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

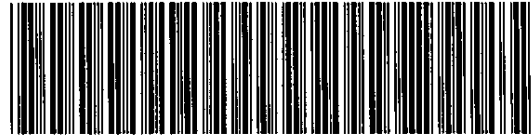
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000263387720

08/25/14--01037--019 \*\*35.00

14 AUG 25 AM 10:47  
DIVISION OF CORPORATIONS

C. LEWIS  
AUG 29 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HYBRID LOGISTICS INC  
Name of Corporation

**DOCUMENT NUMBER:** F02000000770

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:

RICHARD F. FINK  
Name of Contact Person

HYBRID LOGISTICS  
Firm/Company

PO Box 3853  
Address

PORTLAND, OR 97208-3853  
City/State and Zip Code

rfink@hybrid.com rfink@hybrid.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD FINK at (503) 297-0119  
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  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HYBRID Logistics, Inc
2. The principal office address: 10255 SW PARK WAY  
PORTLAND, OR 97225
3. The mailing address (if different): P.O. Box 3853  
PORTLAND, OR 97208-3853
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: FO2000000770
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)

JOHN CALIGUIRE  
3498 CITATION DRIVE  
GREEN COVE SPRINGS, FL 32043

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

CASEY BARTS  
9424 BAY MEADOWS RD Suite 220  
P.O. Box NOT acceptable  
JACKSONVILLE, FL 32256

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.

Richard J. Jink  
Signature of an officer or director

Richard E. Fink CFO  
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.*

[Signature]  
Signature of Registered Agent

8/19/2014  
Date

If signing on behalf of an entity:

Casey Barts  
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)

14 AUG 25 AM 10:47  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA



**SIGN  
& DATE**