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Account#: I20000000088

Date:_	05/19/2023	
Name:	Chris Vick	
Refere	nce #: 1995779	-
Entity I	Name: CARDINAL LOGISTICS M	ANAGEMENT CORPORATION
	Articles of Incorporation/Authorization	o Transact Business
	Amendment	
√	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Author	ized Amount: \$35.00	

D: +1,212,947,7200 P. 800.221.0102 F: 800.944.6607

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the corporation: CARDINAL	LOGISTICS MANAGEMEN	T CORPORA
2. The principa	d office address: No Change		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: May	4, 2009 Document number:	02000005120
	nd street address of the current regartment of State: (If resigned, ento	gistered agent and registered office on file or resigned)	
CT Corporation System		2023 F	
	1200 South Pine Island Road		- CAR
	Plantat	ion, FL 33324	SSEE F
6. The name at (if changed)	•	ered agent (if changed) and /or registered	l office 24
	115 North Calhou		
	Tallahassee, FL	Box NOT acceptable 32301	
The street add as changed wi	ress of its registered office and the identical.	ne street address of the business office o	f its registered ag
Such change vauthorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so
/s/ Michael	C. Roberts	Michael C. Roberts Printed or typed name an	Treasurer
I hereby accep I further agree performance of agent. Or, if t	of the appointment as registered of the appointment as registered of the provisions of my duties, and I am familiar whits document is being filed mere.	agent and agree to act in this capacity, fall statutes relative to the proper and cith and accept the obligation of my posity to reflect a change in the registered of other in writing of this change.	complete tion as registered

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name