

Division of Corporations

F100002482573

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CCRPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 298-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
RCS LOGISTICS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

JUN 25 2021

S. PRATHER

2021 JUN 24 PM 11:21

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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 New Jersey _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RCS LOGISTICS, INC.
2. The principal office address: 230-79 INTERNATIONAL AIRPORT BLVD. SPRINGFIELD GARDENS, NY 11413
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/08/2010 Document number: F10000000127
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)

DONNA DELGAIS

2101 N.W. 84TH AVENUE

DORAL, FL 33122

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

C T Corporation System

1200 South Pine Island Road

P O Box NOT acceptable

Plantation, Florida 33324

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.

Jeffrey A. Evans
Signature of an officer or director

Jeffrey A. Evans
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.

C T Corporation System

By:

Nichol McCroy
Signature of Registered Agent

06/24/2021
Date

If signing on behalf of an entity:

Nichol McCroy
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 (04/13)