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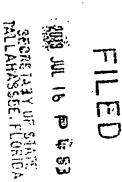
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(i) ; (ii)

COVER LETTER Logistics
TO: Amendment Section Division of Corporations
SUBJECT: Miojone: Locistics, Name of Comporation
DOCUMENT NUMBER: CR2 5045 (3/13)
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:
George H W'day Win
Miejones Logistics Inc.
3000 Royal Marco Way (PH-R)
Marco Island FL 34145 City/State and Zip Code
boca-chmcsbcclobaline
E-mail address: (to be used for future annual report notification)
For further information concerning this matter please call: Seocie M. Widay Min at (609) 306 794) 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 SectionStreet Address: Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change is submitted for a corporation organized under the laws of the State of
2. The principal office address: /800 N.W. 85 + Price Occ., + 233/72 3. The mailing address (if different): 4. Date of incorporation/qualification:
3. The mailing address (if different): 4. Date of incorporation/qualification: 11/15/2013 Document number: 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) Temes L. Drice
3. The mailing address (if different): 4. Date of incorporation/qualification: 11/15/2013 Document number: 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)
4. Date of incorporation/qualification:
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)
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)
Florida Department of State: (If resigned, enter resigned) Temes L. Orice
Jewes 2. Ol
$\mathcal{L}_{\mathcal{L}}$
340 Tndia~ Harbor Rd
Vero Beach, FL 32963
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Marcu Way Marcu Way (704-R) PO. Box NOT acceptable 1 34145
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.
Signature of an officer or director George H. McLaughlin Whited 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 of Registered Agent Tone 5 20/9 Date
If signing on behalf of an entity:

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

Typed or Printed Name