3/14/23 3 57 PM



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Division of Corporations

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Account Number : FCA003000023 Phone : (954)298-0845 Fax Number : (614)573-3996

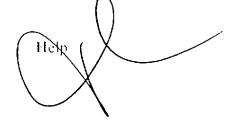
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REGISTERED AGENT CHANGE LEESEL TRANSPORTATION CORP

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To:

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 York in order to change its registered office or registered agent, or both, in the State of Florida.										
	1. The name of the corporation: LEESEL TRANSPORTATION CORP										
	The name of the corporation: LEBSEL TRANSFORTATION CORT The principal office address: 1340 US HIGHWAY ONE, SUITE 206										
	JUPITER, FL 33469										
	3. The mailing address (if different):										
	4. Date of incorporation/qualification: 12/03/2018 Document number: F18000005540										
	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)										
		STEPHEN SELBY		~>							
		1340 US HIGHWAY ONE, SUITE 20	2023 N	CTATE OF THE PARTY.							
		JUPITER, FL 33469	2023 HAR 14	j j							
	6. The name and (if changed):	street address of the new registered a	H AM 9: 02	;							
		C T Corporation System		و يَرَا	1						
		1200 South Pine Island Road									
		1200 South Pine Island Road P.O. Box NOT acceptable									
	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.										
			Cornelius Vandyk CFO Prised of typed hame and title								
	I hereby accept I further agree to of my duties, an document is being corporation has	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this cing filed merely to reflect a change in the registered affice address, I hereby confirm that the as been notified in writing of this change.									
Бу:	C T Corporation	System Son Comments	02/23/2023								
,.	Sign	sature of Registered Agont	Bate								
	If signing on be	half of an entity:									
		ICK, ASSISTANT SECRETARY									
	T	sped or Printed Name									
		* * * FILING	FEE: \$35.00 * * *								

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassef, FL 32314 CR2E045 (04/13)