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(Red	uestors Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to F	riling Officer:	
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TALLAHASSEE, FL

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CSC - WILMINGTON . 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: May 24, 2019

Order#: 720993-004

Re: CAI LOGISTICS INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

YX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpor	of the property of the laws of the State of DE action organized under the laws of the State of DE are or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: CAI LOGISTI	CS INC.	
		TREET SW. STE 209 EVERETT, WA 98204	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/07/	2019 Document number: F1900000096	
	I street address of the current in timent of State; (If resigned, e.g.,	registered agent and registered office on file with the inter resigned)	
	REGISTERED AGENTS INC	2.	
	7901 4TH STREET NORTH	SUITE 300	
	ST.PETERSBURG, FL 3370)2	
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office SCORC IALLAHA	
	Corporation Service Compa	MAY MAY	Y
	1201 Hays Street	Section 2	-
	Tallahassee	FL 32301	7
The street addre	ess of its registered office and be identical.	the street address of the business office of its registered agent	
Such change wa authorized by th	es authorized by resolution du the board, or the corporation has	ly adopted by its board of directors or by an officer so as been notified in writing of the change.	
<u>></u>	Sie E. Comi	Jill Cilmi, Vice President	
(le of an officer or director	Printed or typed name and title	
i juriner agree i performance of agent. Or, if thi hereby confirm	o comply with the provisions my duties, and I am familiar is document is being filed mer	l agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered rely to reflect a change in the registered office address, I notified in writing of this change.	
By: X) me.	· tokubi,	04/23/2019	
Sigr	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Grace E. Kirby,	Assistant Vice President		
fy	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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