F19 00000000096

(Requestor's Name)	
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(Document Number)	
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SECRETARY OF STATE

JAN 24 2020

COVER LETTER

10: Z	Amendment Section Division of Corporations					
SUBJEC	T: CAI Logistics, Inc.					
	Name of Corporation					
DOCUN	IENT NUMBER: F1900000096					
The encl	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please re	turn all correspondence concerning this matter to the following:					
	Jana Keck					
	Name of Contact Person					
	Harbor Compliance					
	Firm/Company					
	1830 Colonial Village Lane					
	Address					
	Lancaster, PA 17601					
	City/State and Zip Code					
	legal@capps.com					
	E-mail address: (to be used for future annual report notification)					
For furth	er information concerning this matter, please call:					
Jana Ke						
	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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

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

statement of cha	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida tion organized under the laws of the State of vor registered agent, or both, in the State of	<u>DE</u>
1. The name of t	the corporation: CAI Logistics	s, Inc.	
		treet SW, Suite 209, Everett, WA 982	04
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 1/7/20	Document number: F1900	0000096
	I street address of the current re timent of State: (If resigned, ent	egistered agent and registered office on file vter resigned)	vith the
	Corporation Service Con	mpany	20
	1201 Hays Street		19 DEL
	Tallahassee, FL 32301-2	525	23
6. The name and (if changed):	I street address of the new regis	525 stered agent (if changed) and /or registered o	2019 DEC 23 AM 7: 24 SECRETARY OF STAT SECRETARY SEEE, FL
-	Registered Agents Inc.		PATE PATE
	7901 4th St N STE 300		_
	St. Petersburg FL 33702	O. Box, NOT acceptable	~
The street addre	ess of its registered office and t be identical.	the street address of the business office of i	its registered agent,
		y adopted by its board of directors or by an s been notified in writing of the change.	
	Truly Bogs	Timothy Page, Secr	
I hereby accept I further agree (performance of	to comply with the provisions of my duties, and I am familiar w	Printed or typed name and it agent and agree to act in this capacity, of all statutes relative to the proper and covith and accept the obligation of my positionly to reflect a change in the registered offinotified in writing of this change.	mplete on as registered
Psec Han	•	12/9/2019	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	cretary/Registered Agent	ts.	
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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