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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO:

SUBJE(Name of	CT: Ozinga Transportation, Inc. f Corporation		
			
DOCU	MENT NUMBER: F19000001516		
	losed Statement of Change of Registered	Office/Agent and fee are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the following:	
Barry N	. Voom		
Name o	f Contact Person		S ~
Ozinga '	Transportation, Inc.		7A. F.C.
Firm/Co	ompany		JAN 25 AH 8: 3 RETARY OF STATE LLAHASSEE, FL
19001 C	old LaGrange Road, Suite 300		ASS RE
Address	· · · · · · · · · · · · · · · · · · ·		25 Ag
Mokena	, Illinois 60448		တို့လို့ 🋬
City/Sta	ate and Zip Code	····	ET SO
	barryvoorn@ozinga.com		
E-mail	address: (to be used for future annual	report notification)	- F 31
For furt	her information concerning this matter, p	olease call:	
Вапу N		at (708) 326-4210 Area Code & Daytime	
	Name of Contact Person	Area Code & Daytime	Telephone Number
Enclose	ed 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 The Centre of Tallahassee 2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of $\frac{\mathrm{III}}{\mathrm{registered}}$ agent, or both, in the State of Fla	inois		
1. The name of t	he corporation: Ozinga Transportati	on, Inc.			
	office address: 3905 NW 107th Aver				
3. The mailing a	ddress (if different): 1900 i Old LaC	Grange Road, Suite 300, Mokena, Illinois 604-	18		_
		Document number: F19000001			_
5. The name and		ered agent and registered office on file with			
	Marco de la Cal				
999 Ponce De Leon Blvd., #735			SECF TAI	2021	
	Coral Gables, Florida 33134		(L A)	021 JAN 25	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered offic	HASSEE	A	
	InCorp Services, Inc.		.FE	8: 3	6
	17888 67th Court North		m	=	
	P.O. Box NOT acceptable				
	Loxabatchee, Florida 33470				
The street addre	ss of its registered office and the s be identical.	street address of the business office of its	registered	i agent,	
Such change wa authorized by th	is authorized by resolution duly ac board, or the corporation has be	lopted by its board of directors or by an or en notified in writing of the change.	fficer so		
	July N. Voon	Barry N. Voorn, Secretary			
Signatur	e of an officer or director	Printed or typed name and title			
l further agrée t of my duties, an document is bei	o comply with the provisions of all d Lam familiar with and accept th	ent and agree to act in this capacity. I statutes relative to the proper and comp we obligation of my position as registered of in the registered office address, I hereby ange.	lete perfo agent. Or confirm (rmance r, if this that the	•
Jack	udtilipais	01/13/2021			
Sign	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
Jackie Del	Filippis on behalf of InCo	rp Services, Inc.			
	ped 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)