F22 UCCCCIII26

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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FLANDESTATE



COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI Name	ECT: KCH Transportation Inc.			
DOCU	MENT NUMBER: F22000004126		•	
The en	closed Statement of Change of Registered O	ffice/Agent and fee are submitted for f	iling.	
Please	return all correspondence concerning this ma	itter to the following:		
Grant J	ones Of Contact Person	. <u> </u>		
	ransportation Inc.			
	Company			7.
309 E I	Paces Ferry Rd., NE Suite 800			, 1
Addres	SS	,	سد	الدا
Atlanta	, GA 30305			22
City/S	tate and Zip Code		SS O	>
	gjones@aglsupplychain.com		ייין ניין ביי ניין	<u> </u>
E-mai	l address: (to be used for future annual re	port notification)	STATE, FL	87 T3 12 MHH: 58
For fu	ther information concerning this matter, plea	se call:		
Grant J	Name of Contact Person	at (470)398-3138 Area Code & Daytime Tele	phone Nur	nber
Enclos	sed is a \$35,00 check made payable to the De	partment of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10	

Tallahassee, FL 32303

CR2E045 (04/13)

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

	KCH Transportation	on Inc.		
I. The name of 2. The principa Adanta. GA 30.	i office address: 309 E Paces Ferry R	Rd., NE Suite 800		
3. The mailing	address (if different):			
		Document number: F2200000413		_
5. The name ar Florida Depa	nd street address of the current regis artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	he	
	REGISTERED AGENTS INC			
			7L.3	
	ST PETERSBURG, FL 33702		· -	
6. The name at (if changed)	nd street address of the new register	red agent (if changed) and /or registered office		ŧ.
	Rick Galindo		AMII:5	E.c.
	3001 Executive Drive, Suite 300	P.O. Box NOT acceptable	: 58 [AIE	
	Clearwater, FL 33762	P.O. flox NOT acceptable	11.1	
as changed wi	ill be identical.	e street address of the business office of its re		nt,
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has be	adopted by its board of directors or by an off been notified in writing of the change.	īcer so	
(11)	1 / 1	Grant Jones, Assistant Controller		_
I hereby accept further agree of my duties, a document is becomporation h		gent and agree to act in this capacity. all statutes relative to the proper and comple the obligation of my position as registered a ge in the registered office address, I hereby o		nce his the
	ich Golindo	2/5/2024		
<u></u>	ingipture 314 Registered Agent	Date		
If signing on l	behalf of an entity:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)