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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: US 1 Distribution	n Center, L.L.C. I Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Theresa M. Kenney Es	8	
Duss, Kenney, Safer, Ham	pton & Joos, P.A.	
4348 Southpoint Blvd., Si	cite101	
Jacksonville, Ft 32216 City/State and Zip Code		
E-mail address: (t) be used for future annual report notification	n)	
For further information concerning this matter, plea	ise call:	
Theresa M. Kenney, Est at (904 <u>543 - 4300</u> Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

فالبراد الم

* *STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the state of Florida.	
1. Name of the limited liability company: US 17	Distribution Center, L.L.C.
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	300 East State Street Jackson ville, FL 32202
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	300 Fast State Street Street
04/02/2001	L0100005082 5 CR
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Ford Jeter Bowlus Duss of Florgan
Registered Office Address:	10:10 SanJose Blvd. Jacksonville, Fr 32257
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Theresa M. Kenney, Esquire buss, Kenney, Safer, Hamptons bos
(MUST BE FLORIDA STREET ADDRESS)	4348 Bouthpoint Blvd., Sk. 107 Jacksonville ,FL 32216
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating adversement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization y.
JHERESA MARIE KENNEY	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the province of the provision of my point from the provision of the prov	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent