## L0400066903

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(Cit	ry/State/Zip/Phone	· #)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
•	•
SUBJECT: Kin	g logistics
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Juventino Reyes	
Name of Person	
17.	
King Logistics	· .
Firm/Company	
6903 Cypress Pork	Driver Suit 100
Address	
Tampa, FL 33634  City/State and Zip Code	
City/State and Zip Code	•
jreves a king logistics co	om
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this n	natter, please call:
Juventino Reyes	at (813) 881-1799
Name of Person	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 32314
Tallahassee, Florida 32301	······································
Enclosed is a check for the follo	wing amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## 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.

1. Name of the fiffiled hability company. Kind toolshoo.	LLO		
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 6903 Cypress Park Drive		
	100	<u> </u>	
	Tampa, FL 33634	SE - F	
		70-4 F	
(b) Mailing address of limited liability company:	6903 Cypress Park Drive		
(Note: MAY BE POST OFFICE BOX)	100	<u> </u>	
	Tampa, FL 33634	95 =	
		DA SO	
09/13/2004	L04000066903		
3. Date of filing/registration in Florida	<ol><li>Document number</li></ol>		
Registered Agent:	Thomas P. McNamara		
Registered Office Address:	2909 Bay to Bay Blvd., Suite 309		
	Tampa, FL 33629		
	<u></u>		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office ad	dress:	
NEW Registered Agent:	Joshua E. Burnett		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 N. Pierce St., First Floor		
	Tampa, FL 33602		
		FI	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	ne laws of the State of Florice Florida street address of the entical. Or, in the case of a e(s) was/were authorized by wise provided in the article	e registered office Florida limited	
Signature of a member of authorized representative of a member	<u></u>		
Signature of a member or authorizent representative of a member			

Printed or typed name of signee

uventino

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (05/08)