## L0500076643

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(Requ	estor's Name)			
(Address)				
(Address)				
		(1)		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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MAY 20 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 26, 2021

Order#: 723331/003

Re: CORNERSTONE LOGISTICS CENTRE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\overline{XX}$  Check in the amount of \$25 \_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX\_\_\_\_ Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. No	ame of the limited liability company: CORNERSTO	NE LOGISTIC	S CENTRE, LLC
2. (a)	328 Civic Center Drive	(b)	
<b>-</b> . (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Columbus, OH 43215-5087		
	08/01/2005	L050	000076643
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent Solutions, Inc.		
<i>J</i> . (a)	Registered Agent and Registered Office shown on the records of 155 Office Plaza Drive, Suite A	f the Florida Dept.	of State:
	Registered Office Address	'ADDRESS)	
	Tallahassee F	32301	2021 HA
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Corporation Service Company	d Office address:	2021 HAP 30 AN 9: 23
	NEW Registered Office Address:		<del></del>
	1201 Hays Street		
	Tallahassee	L	
change agent v was/wi	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered off iability compar of the limited I	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
/s/ Jil	ll Cilmi	Jill Cilmi,	Authorized Person
Signa	ture of a member or authorized representative of a member	<del></del>	Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I	e performance e ed for in Chapte hereby confirm	of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
попре	d'in writing of this change.	Corporation S	ervice Company
Signatu	re of Registered Agent	Ami M. Caspo	er, Asst. Vice President