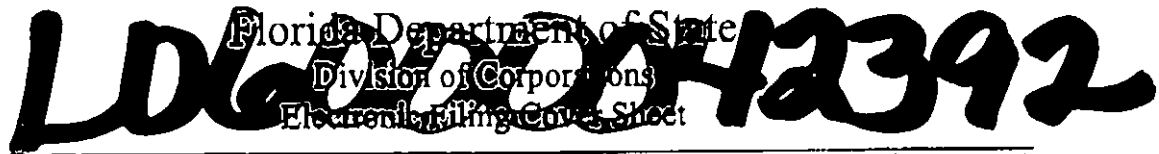


1/13/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000013675 3)))



H200000136753ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mbenton@pfgc.com

2019 JAN 13 AM 10:16
FILED
SECRETARY OF STATE
TALLAHASSEE FL

2020 JAN 13 PM 1:18
TALLAHASSEE FL

LLC REGISTERED AGENT CHANGE REINHART TRANSPORTATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

O SIMMONS

JAN 14 2020

(((H20000013675 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REINHART TRANSPORTATION, LLC

Name of Limited 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 matter to the following:

A. Brent King

Name of Person

REINHART TRANSPORTATION, LLC

Firm/Company

6250 N. RIVER ROAD, STE 9000

Address

ROSEMONT, IL 60018

City/State and Zip Code

mbenton@pfgc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patty Boverie

at

800

277-9977

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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(((H20000013675 3)))

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. Name of the limited liability company: REINHART TRANSPORTATION, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

6720 North 8th Street

Omaha, NE 68812

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

6250 N. RIVER ROAD, STE 9000

ROSEMONT, IL 60018

04/19/2006

L08000042392

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C T CORPORATION SYSTEM

Registered Office Address (MUST BE FLORIDA STREET ADDRESS):

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NRAI Services, Inc.

NEW Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that any change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

A. Brent King

Printed or typed name of signer

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

Neale Lebe-Paul
Signature of Registered Agent

Neale Lebe-Paul, Asst. Secretary

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

NHS18 (2/14)

(((H20000013675 3)))