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2008 FEB 15 AM 11: 25
SECRETARY OF STATE
TAILAHASSEE, FLORIDA

T. CLINE

FEB 18 2008

EXAMINER

: 1435/

COVER LETTER

TO: Registration Section. Division of Corporations	
SUBJECT: Deakins Global (Name of Limite	d 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 m	natter to the following:
Beverley V. Deakin	<u></u>
Deakins Global Logis (Firm/Company)	tics, LLC
9395 SW 1864 Te	مريدة من المرابع
Dunne 11bn, FL. 3444 (City/State and Zip Code)	FZ PF STATE 25
For further information concerning this matter, ple	ase call:
Beverley V. Deakins at () (Name of Person)	352) 489-1611 (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 amo	ount: ,
\$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.

 The name of the limited liability company is: Deak The mailing address of the limited liability company is: 	Lins Global Logistics, LL
2. The mailing address of the limited liability company is:	9395 SW 1864 Terrac
Dunnellon, FL. 34442	-
January 16, 2008 3. Date of filing/registration in Florida	L07000019251
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: Spiegle - Utrer Name 1840 Coral Was Address City, State and Z	
6. The name and address of the new registered agent and/or	office:
Be varley V. De 9395 SW Name 64 Florida street address (P.O. Box Dunnellon FL 3 City, State and Zip	NOT acceptable) 444 SEE AHASSEE AHAS
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	
(Signature of a member or authorized representative of a member)	
BEVELLEY V. DEAKINS (Printed or typed name of signer)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to ser and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office 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 (8/05)