L07000106991

(Requestor's Name)	_				
(Address)					
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					
J DENNIS					
JUL 2 4 2023					

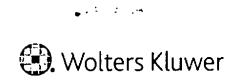
Office Use Only



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2023 MAY 10 AM JO: 20 I



CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

May 8, 2023

Department of State - Division of Corporations Amendment Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Change of Agent for Service of Process for:
Global Logistics Exchange LLC
Online MD LLC

Dear Sir or Madam.

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named companies. Please be advised that the agent for service of process has been changed to: C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter per entity, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed are our checks for \$25.00 per entity to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer

Agent Services Division

marie.hauer@wolterskluwer.com

Encl.

COVER LETTER

_	sion of Corporations	
SUBJECT:	ONLINE MD LLC	
service.	Name o	of Limited Liability Company
Dear Sir or I	Madam:	
The enclosed	d Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return	n all correspondence concerning this n	natter to the following:
Marie Hauer		
	Name of Person	
C T Corporat	ion System	
	Firm/Company	
28 Liberty St.		
	Address	
New York, N	Y 10005	
,	City/State and Zip Code	
E-mail	address: (to be used for future annual	report notification)
For further in	iformation concerning this matter, ple	ease call:
Car	Name of Person	at (305) SSG-034 Area Code & Daytime Telephone Number
Regi Divi: Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Encl	osed is a check for the following an	oount:
) /s:	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14	.)	

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: ONLINE MD	LI.C	·	
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability of (Note: MAY BE POST OFFICE)	• -
	MIRMY FL 33/66			
	10/22/2007	LO	7000106941	
3.	Date of filing/registration in Florida	4.	Document number	
5. (CORPDIRECT AGENTS, INC			
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	Miami, I	FL_33324		3E 202 3
/1-	C T Corporation System			SECHET 2023 MAY
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addres	<u>222</u> :	ARY ARY
				- 30°
	NEW Registered Office Address:			9 (1)
	1200 South Pine Island Road			1E 20 1
	Plantation, }	FL. 33324		
the c agent was/	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register liability comp s of the limited he limited liab	red office and the business office of the pany, it is hereby confirmed that the ched liability company or as otherwise probility company.	e registered lange(s)
سبب پیمدر			Artos le Capales	
Sig	nature of a member of authorized representative of a member		Printed or typed name of signee	
provi the o to me	rely accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change. CT Composition System:	gree to act in le performand ded for in Cha I hereby conf.	this capacity. I further agree to comp se of my duties, and I am familiar with apter 605, F.S. Or, if this document is irm that the limited liability company i	ly with the and accept being filed has been
Sims	ture of Registered Agent			

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