L07000125196

(Re	equestor's Name)	· <u></u>					
(Ad	dress)						
(Ad	dress)						
(Cit	ty/State/Zip/Phone	#)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nam	e)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						

Office Use Only



700360279887

03/04/21--01030--001 **25.00

2821 MAR -4 PH 5: 51

O SIMMONS APR 27 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 2, 2021

Order#: 610137/126

Re: ASSOCIATION OF INDEPENDENT DRIVERS OF AMERICA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

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

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. N	lame of the limited liability company: ASSOCIAT	TION OF I	NDE	PENDEN	T DRIVERS OF AME	RICA, LLC	
2. (a)	158 N. Harbor City Boulevard		(b) c/o Katrina D. Ramey				
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	r;	(0)		Mailing address of limited (Note: MAY BE POST	<u>" OFFICE BOX</u>)	
				200 West	Second Street, 3rd F	-loor	
	Melbourne, FL 32935			Winston-Salem, NC 27101			
	12/18/2007			L0700012	5186		
3.	Date of filing/registration in Florida	4.	_		Document number		
5. (a)	C T Corporation System						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 South Pine Island Road		_ u:	; 1~3 ce :			
	Registered Office Address (MUST BE FLORIDA STRE	<u>UST BE FLORIDA STREET ADDRESS)</u>				2921 HAR	
	Plantation	. FL333	24		·	· · · · · · · · · · · · · · · · · · ·	
						- ==== .	3
(b)	P. Chiring a				-	ċņ	٠
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office	addı	ress:		. 5	
	Corporation Service Company						
	NEW Registered Office Address:				•		
	1201 Hays Street						
	Tallahassee	, FL_3230	1				
agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe cles of organization or the operating agreement of	the registed liability ers of the li	ered com imita	office and pany, it is ed liability	the business office of hereby confirmed that company or as others	of the registered	
		Ji	Jill Cilmi, Authorized Person				
	ture of a member or authorized representative of a member				Printed or typed name of:	•	_
the obl to mere	by accept the appointment as registered agent and sons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to a lete perfori ided for in i. I hereby	ect in man Che conj	this capa ce of my d apter 605, firm that th	city. I further agree t uties, and I am familie F.S. Or, if this docur te limited liability con	o comply with the ar with and accep ment is being filed mpany has been	e D1 d
(Cu M Lei	Corpora	ition	Service (Company		
Signatur	re of Registered Agent	Ami M.	Cas	sper, Asst	. Vice President		