## 200127381

(Requ	uestor's Name)	
(Addr	ress)	
. (Addr	ress)	
, (144)	, 200,	
(City/	State/Zip/Phone #)	
. PICK-UP	WAIT MAIL	
•		
(Busi	ness Entity Name)	
(Doc)	ument Number)	
(1500)	amone Numbery	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	A. LUNT	
	ADD -	
	APR - 1 2008 <b>EXAMINE</b>	
	EXAMINITA	
	- TIVILIAIS	

Office Use Only



700121408477

03/28/08--01026--025 \*\*125.00

2008 MAR 28 P 12: 48

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Florida Express Logistics, LLC (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submi	itted for filing.		
Please return all correspondence concerning this matter to the following:				
Heidi J. Eddins (Name of Person)		TA'S Z		
c/o Florida East Coast Railway, L.L.C	<b>).</b>	1008 MAR 28 SECRETARY	FILED	
10151 Deerwood Park Blvd., Bldg. 100, Ste. 350			TIII	
(Address)		12: 48 STATE LORIDA		
Jacksonville, FL 32256 (City/State and Zip Code)		, <b>≽</b> ™ <b>∞</b>		
For further information concerning this matter, please call:				
	<u>(904        )</u> 996-2832			
(Name of Person)	(Area Code & Daytin	me Telephone 1	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 & Certi	fied 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, liability company submits the following statement in order to agent, or both, in the State of Florida.	Florida Statutes, the undersigned limited change its registered office or registered
1. The name of the limited liability company is: Florida Expres	ss Logistics, LLC
2. The mailing address of the limited liability company is: 741	11 Fullerton Street, Suite 300,
Jacksonville, FL 32256	
12/27/07 Le	07000127381
	Document number
5. The name of the registered agent and the registered office add Florida Department of State:	dress as shown on the records of the
Corporation Service Compan	ıy .
Name 1201 Hays Street	•
Address	
Tallahassee, FL 32301-2525	
City, State and Zip	
6. The name and address of the new registered agent and/or offi	T   2008 WAR SECRETVALLAHA
Heidi J. Eddins	AR 2:
Name 7411 Fullerton Street, Suite 300	
Florida street address (P.O. Box NO	OT acceptable)
	acceptable) Co. T.
Jacksonville, FL 32256	<u>*</u>
City, State and Zip	
If the limited liability company is not organized under the laws confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. liability company, it is hereby confirmed that the change(s) was of the members of the limited liability company or as otherwise or the operating agreement of the limited liability company.  (Signature of a fember or authorized representative of a member)	a street address of the registered office Or, in the case of a Florida limited //were authorized by an affirmative vote
Liaidi I Eddina	
Heidi J. Eddins (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my position Chapter 608, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company has (Signature of Registered Agent)	to act in this capacity. I further agree to and complete performance of my duties, as registered agent as provided for in reflect a change in the registered office been notified in writing of this change.

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