Division of Corporations

Obligation of Corporations

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Florida Department of State

Division of Corporations
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To:

Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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

LLC REGISTERED AGENT CHANGE OPTIMAL TRANSPORT, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: Optimal Transpor	t,LLC
2. The mailing address of the limited liability company is: 841 PF	RUDENTIAL DRIVE SUITE 900 .
JACKSONVILLE FL 32207	
2/26/2009	L09000019373
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office addin Florida Department of State:	
MSC GROUP, INC.	76. 2
. Name	
841 PRUDENTIAL DRIVE SUITE 900	
Address	14.505 12
JACKSONVILLE FL 32207	
City, State and	Zip To the state of the state o
3. The name and address of the new registered agent and/or office:	- 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1
Corporate Creations Network Inc.	
Name	Çm 📻
11380 Prosperity Farms Road #22	IE .
Florida street address (P.O. Bo	
Palm Beach Gardens	FL 33410
City, State and	Zip ı.
If the limited liability company is not organized under the laws of or changes are made, the Florida street address of the registered of identical. Or, in the case of a Florida limited liability company, it an affirmative vote of the members of the limited liability company the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	fice and the business office of the registered agent will be is hereby confirmed that the change(s) was/were authorized by
by Jessica Morales as attorney-in-fact (Printed or Typed name of signee)	
I hereby accept the appointment as registered agent and agree to a of all statutes relative to the proper and complete performance of my position as registered agent as provided for in Chapter 608, F. in the registered office address. Thereby confirm that the limited li	my duties, and I am familiar with and accept the obligations of S. Or, if this document is being filed to merely reflect a change
(Signature of Registered Agent)	orales, Special Secretary
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314
Corporate Creations International Inc.	·

11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107