## L10000011730

| (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: |  |  |  |
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SECRETARY OF STATE
ALLAMASSEE FLORIDA

C. LEWIS

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EXAMINER

## POHL & SHORT, P.A. ATTORNEYS AT LAW.

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MAILING ADDRESS: POST OFFICE BOX 3208 WINTER PARK, FLORIDA 32790

COURIER ADDRESS: 280 WEST CANTON AVENUE, SUITE 410 WINTER PARK, FLORIDA 32789

www.pohlshort.com

March 21, 2012

Florida Division of Corporations Registration Section, Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re:

Change of Registered Agent and Registered Office Our File No. 9720-3, 9720-4, 9720-5 and 9720-6

Dear Sir or Madam:

Enclosed are completed Change of Registered Agent/Change of Registered Office documents for the following entities:

Belacon Warehouse Network, LLC Belacon Pallet Services, LLC J2 Transportation, LLC La Ram, LLC

We also enclose our firm's check in the amount of \$100.00, to cover the applicable fees (\$25.00 per entity).

Please do not hesitate to contact me if you need further assistance in processing these documents.

Sincerely,

Kathupe PJones

Kathryn P. Jones

KPJ/dlg Enclosures

cc: Houston E. Short, Esquire

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## **CÓVER LETTER**

| то:  | Registration Section Division of Corporations |  |  |  |
|--|---|--|--|--|
| SUBJECT: Belacon Warehouse Network, LLC                            |   |  |  |  |
|  | Name of                                       | Limited Liability Company                          |  |  |
| Dear S   | Sir or Madam:                                 |  |  |  |
| The en   | nclosed Registered Agent/Registered           | Office Change and fee(s) are submitted for filing. |  |  |
| Please   | return all correspondence concerning          | g this matter to the following:                    |  |  |
|  |   |  |  |  |
| Rathryn P. Jones, Esq.   |   |  |  |  |
| Name of Person   |   |  |  |  |
|  | ·   |  |  |  |
| Poh  | 1 & Short, P.A.                               |  |  |  |
|  | Firm/Company                                  |  |  |  |
|  |   |  |  |  |
| 280  | W. Canton Ave., Suite 410                     |  |  |  |
|  | Address                                       | •  |  |  |
|  |   |  |  |  |
| Win  | ter Park, Florida 32789                       |  |  |  |
| City/State and Zip Code  |   |  |  |  |
|  | •   |  |  |  |
| c c c c c c c c c c c c c c c c c c c                              | oblesol com                                   |  |  |  |
| E-mail address: (to be used for future annual report notification) |   |  |  |  |
|  |   |  |  |  |
| For fi   | urther information concerning this ma         | rter, please call:                                 |  |  |
|  |   |  |  |  |
| Kat  | hryn P. Jones, Esq.                           | at ( 407 ) 647-7645                                |  |  |
|  | Name of Person                                | Ares Code & Daytime Telephone Number               |  |  |
|  | STREET/COURIER ADDRESS:                       | MAILING ADDRESS:                                   |  |  |
|  | Registration Section                          | Registration Section                               |  |  |
|  | Division of Corporations                      | Division of Corporations                           |  |  |
|  | Clifton Building                              | P.O. Box 6327                                      |  |  |
|  | 2661 Executive Center Circle                  | Tallahassee, Florida 32314                         |  |  |
|  | Tallahassee, Florida 32301                    | ·  |  |  |
| Enclosed is a check for the following amount:                      |   |  |  |  |
|  | XX \$25 Filing Fee                            | \$55 Filing Fee & Certified Copy                   |  |  |
|  |   |  |  |  |

JNHS18 (5/08)

## 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.

| 1. Name of the limited liability company: <b>Belacon W</b>      | arehouse Network, LLC  |
|---|--|
| 2. (a) Principal office address of limited liability compa      | any: 225 E. Robinson St., Suite 545                                    |
| (Note: MUST BE STREET ADDRESS)                                  | Orlando, Florida 32801   |
| (b) Mailing address of limited liability company:               | 225 B. Robinson St., Suite 545   |
| (Note: MAY BE POST OFFICE BOX)                                  | Orlando, Florida 32801   |
| 02/01/2010  | L10000011730   |
| 3. Date of filing/registration in Florida                       | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown of          | on the records of the Florida Dept. of State:                          |
| Registered Agent:   | Gerald L. Connet, Jr.  |
| Registered Office Address:                                      | 225 E. Robinson St., Suite 545<br>Orlando, Florida 32801               |
|   |  |
| (b) Enter name of <b>NEW Registered Agent</b> and/or N          | YEW Registered Office address:   |
| NEW Registered Agent:   | Houston E. Short, Esq.   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Pohl & Short. P.A. 280 W. Canton Ave., Suite 410 Winter Park ,FL 32789 |
| If the limited liability company is not organized under the     | ne laws of the State of Florida, it is hereby                          |

confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Larry J. White, Manager

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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 (05/08)

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