L10000076196

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PIVISION OF CORPORATIONS

11 OCT 13 AM 8: 19

COVER LETTER

TO: Registration Section Division of Corporations	,o,
SUBJECT: Z Logistics LL Name of Limit	ced Liability Company
Dear Sir or Madam:	3
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Sensifer Vellendahl Name of Person	
Z Logistics LLC	
Firm/Company	
11265 NW 45th Str	ect
Address	
Coral Springs, FL 3 City/State and 20 Code	33072
Jennifer of 2 logistics 1 E-mail address: (to be used for future annual report notification)	tion)
For further information concerning this matter, pl	lease call:
Sensifer vell(ndeh) at (Area Code & Daytime Telephone 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 an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified 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, 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.

agent, or both, in the State of Florida.	
1. Name of the limited liability company:	ogistics LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	(oral Springs, FL 33065
(b) Mailing address of limited liability company:	171 Foundation Springs RJ.
(Note: MAY BE POST OFFICE BOX)	Waynesville, NC 28786
7/20/2010	L1000007 L196
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of tate.
Registered Agent:	Jennifer Vellendul 1 377
Registered Office Address:	3081 SE Chundelle Professor
	1-0.7d, FC \$506 \$ 30
	19
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	Roland Zdrnck
NEW Registered Office Address:	11265 NW 45th Street
(MUST BE FLORIDA STREET ADDRESS)	Coral Springs ,FL 33065
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Signature of a member or authorized representative of a member	
Jennifor Vellendahl	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, 176. Or, if this document is being filed to mer address, Ther by confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

nature of Registered Agent