

L10000129473

(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 Office:

A. LUNT

MAR 23 2011

EXAMINER

Office Use Only



100225762751

03/22/12--01027--028 **55.00

FILED
2012 MAR 22 PM 1:59
CLERK OF DISTRICT COURT
TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On Time Worldwide Logistics, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward M. Joffe

Name of Person

Joffe & Joffe, LLC

Firm/Company

4000 Ponce de Leon Blvd, Suite 470

Address

Coral Gables, FL 33146

City/State and Zip Code

ejoffe@joffelaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward M. Joffe

Name of Person

at (305)

777-0445

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 amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

FILED
2012 MAR 22 PM 1:53
TALLAHASSEE, FLORIDA

FILED

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: On Time Worldwide Logistics, LLC

2. (a) Principal office address of limited liability company: 5000 Lakeview Drive

(Note: **MUST BE STREET ADDRESS**)

Miami Beach, FL 33140

(b) Mailing address of limited liability company: 5000 Lakeview Drive

(Note: **MAY BE POST OFFICE BOX**)

Miami Beach, FL 33140

December 20, 2010

3. Date of filing/registration in Florida

4. Document number

L10000129473

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Harald Oechsner

Registered Office Address:

90 SW 3rd Street, Unit 3604
Miami, FL 33130

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Harald Oechsner

NEW Registered Office Address:

5000 Lakeview Drive

(MUST BE FLORIDA STREET ADDRESS)

Miami Beach
FL 33140

If the limited liability company is not organized under the 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

Harald Oechsner

Printed or typed name of signer

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