11000094618

(Re	equestor's Name)		
(Ac	ldress)	<u> </u>	
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
		•	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
[JUL: 02 2012 L. S ELLERS			

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SECRETARY OF STATE
TALLAHASSEE, FLORIC

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		eigh Logistics, LLC. nited Liability Company
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
	Ismael Pineiro	
	Name of Person	
	Sanpin Logistics, LLC	
,	Firm/Company	· · · · · ·
	47 SW Osceola Street, Unit 20	2
	Address	
	Stuart, FL 34994	
	City/State and Zip Code	
	ispineiro@comcast.net mail address; (to be used for future annual report noti	fication)
For fur	ther information concerning this matter	, please call:
	Rebecca Pineiro	at (312) 375-7226
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327
	Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
[\$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.

2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 47 SW Osceola Street Unit 202
(Note: MUST BE STREET ADDRESS)	Unit 202
——————————————————————————————————————	
(b) Mailing address of limited liability company:	47 SW Osceola Street
(Note: MAY BE POST OFFICE BOX)	<u>Unit</u> 202
8/17/2011	L11000094618
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	•
Registered Agent:	The Company Corporation
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW Registered Agent</u> :	W Registered Office address: Sanpin Logistics, LLC.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	47 SW Osceola Street Unit 202
MOST BE TECKIDA STREET ADDRESS	Stuart ,FL34994
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Found the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Ismael Pineiro Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of abstatutes relative to the printed I am familiar with and accept the obligations of my portugated to the production of the provisions of the limited liability company. Signature of Registered Agent Signature of Registered Agent	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization ARE LAHASSEE AHASSEE OF THE LARRY
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)