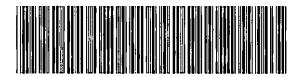
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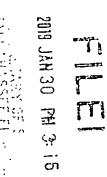
(Requestor's Name)				
(Address)				
(Address)				
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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D. BRUCE FEB 07 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: January 28, 2019

Order#: 603959/015

Re: SADDLE CREEK TRANSPORTATION SERVICES, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

i. N	ame of the limited liability company: SADDLE CREE	K TRANSPO	ORTATION SERVICES, LLC	
2 (a)	3010 SADDLE CREEK ROAD	(b)	(b) 3010 SADDLE CREEK ROAD	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LAKELAND, FL 33801		AKELAND, FL 33801	
	02/21/2012	L1	2000025107	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	PUTNAM, THOMAS BJR			
(w.	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:	
	242 WEST CENTRAL AVENUE			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
POST OFFICE DRAWED 7508				
	POST OFFICE DRAWER 7608			
	WINTER HAVEN	33883-760	08	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:	Office address:		
	Tallahassee, FL	_ 32301		
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compa of the limited limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.	
/s/ Eric C. Newman Signature of a member or authorized representative of a member		Eric C. N	Eric C. Newman, Authorized Person Printed or typed name of signee	
I here provis the ob to mer noviffe	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I in writing of this change.	performance d for in Chap hereby confir	his capacity. I further agree to comply with the	