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## **COVER LETTER**

то:	Registration Section Division of Corporations	•				
	Ayco Logistics LLC					
SUBJF	CT:Name of Limited Liability Company					
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered	Office Change and f	fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matter to the f	following:			
Avi Ni	r					
-	Name of Person		_			
Ayeo I	Logistics L1.					
	Firm/Company		<del>_</del>			
1501 N	NW 12th Ave					
	Address	. <u>.</u>	<del></del>			
Pompa	no Beach, FL - 33069					
	City/State and Zip Cod	le	_			
legal@	aycofarms.com					
E	-mail address: (to be used for future	annual report notific	cation)			
For fur	ther information concerning this mat	ter, please call:				
Avi Ni	r	954	788-6800			
		at (				
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303			
	Enclosed is a check for the follow	ing amount:				
	■ \$25 Filing Fee	<b>□</b> \$5	5 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 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.

No	Ayco Logistics LI me of the limited liability company:			
	1501 NW 12th Ave		<u>—</u>	1501 NW 12th Ave
·· (u) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Pompano Beach, FL - 33069	_ (		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Pompano Beach, FL - 33069
	USA	_	-	USA
	10/31/2012		1.	1.12000138792
(b)	Date of filing/registration in Florida SHINDER, LANCE W. ESQ	4.		Document number
	Registered Agent and Registered Office shown on the records of the 398 CAMINO GARDENS BLVD	he Florid	la D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 109			<u> </u>
	Boca Raton . FL	33432		
	Lance Shinder			<u></u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ddr</u>	<u>dress</u> :
	Black Srebnick Kornspan & Stumpf, PA	_		
	NEW Registered Office Address:			<u> </u>
	One Town Center Road, Suite 201			<u></u>
	Boca Raton	33486		
nange gent w 'as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization of the operating agreement of the laws.	register bility co f the lin limited	ed om nite liab	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided it
Signat	ure of a member of authorized representative of a member			Printed or typed name of signee
rovisie 1e obli 1 mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the properties of this change.	ee to ac perform for in ( ereby c	t in Iani Chi Onj	in this capacity. I further agree to comply with t ince of my duties, and I am familiar with and acc hapter 605, F.S. Or, if this document is being fil infirm that the limited liability company has been
ionatur	re of Registered Agent			