

L12000152796

Florida Department of State
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**LLC REGISTERED AGENT CHANGE
JERUE LOGISTICS SOLUTIONS, LLC**

Certificate of Status	0
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Page Count	02
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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.

1. Name of the limited liability company: <u>JERUE LOGISTICS SOLUTIONS, LLC</u>	
2. (a) <u>3200 Flightline Drive Suite 202</u> Principal office address of limited liability company (Note: <u>MUST BE STREET ADDRESS</u>) <u>Lakeland, Florida 33811</u>	(b) <u>P.O. Box 33080</u> Mailing address of limited liability company (Note: <u>MAY BE POST OFFICE BOX</u>) <u>Lakeland, Florida 33807-3080</u>
3. <u>12/5/2012</u> Date of filing registration in Florida	4. <u>L12000152796</u> Document number
5. (a) <u>C T CORPORATION SYSTEM</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State <u>1200 South Pine Island Road</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) <u>Plantation, FL 33324</u>	
(b) <u>Business Filings Incorporated</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>1200 South Pine Island Road</u> <u>NEW Registered Office Address</u> : <u>Plantation, FL 33324</u>	

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.

E. Luis Campano
Signature of a member or authorized representative of a member
E. Luis Campano, Manager
Printed or typed name of officer

Mark Williams
Signature of Registered Agent
Mark Williams, AYP, Business Filings Incorporated
Printed or typed name of agent

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 605, 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.

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

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