11300004/4049

(Re	equestor's Name))		
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Na	me)		
(Do	ocument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
Le 'SEP	01-2016			
S. YOUNGONIY				



500289355215

08/31/16--01024--009 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Southern Logistics Uklimited U.C. 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:
Oskiel L Sauchez Name of Person
Southern Cogistic Welinited Firm/Company
2327 DW 149ST Address
Opa-locka Fl 33054 City/State and 7 in Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taxella Laccia at (305) LS7~9400 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Pagistration Section
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☎ \$25 Filing Fee

Enclosed is a check for the following amount:

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. submits the following statement in order to change it Florida.	0116, Floria s registered	la Statutes, the under office or registered	rsigned limited liability I agent, or both, in th	company eState of
Safe	600	Pagintian	M. 1: 21	1//
		0	•	
2. (a) 2327 NW 149 ST	`	·	JW 149 ST	
Principal office address of limited liability company <u>(Note: MUST BE STREET ADDRESS)</u>	/ :		ldress of limited liability con MAY BE POST OFFICE B	
	-,,	6) / The same	loeka Fl.	
Opa locka Fl 330.	<u> </u>	<u> </u>	WEKES Fl.	<u> 32</u> 29
March 28/2013		213000	0046645	
3. Date of filing/registration in Florida	4.	Docum	ent number	
5. (a) LANET SONChez				
Registered Agent and Registered Office shown on the recor	ds of the Florid	a Dept. of State:		
Registered Office Address (MUST BE FLORIDA STR	EET ADDRES	<u>s)</u>		
2327 NW 147 3	T			
Opa-locks		3054		
(b) Osniel 2 Sanch			ਰ	Ps:
Enter name of NEW Registered Agent and/or NEW Regis		Idress:	AUG	
			တ ယ	
NEW Registered Office Address:			70	프웨
2327 NW 149 ST	7		ယ္	23
α .			25	igi n
Cha-locks	, FL3_	3054		
If the limited liability company is not organized under the change or changes are made, the Florida street addreagent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the memb the articles of organization or the operating agreement of	ss of the regi ed liability c ers of the lir	stered office and the ompany, it is hereby nited liability compa	business office of the confirmed that the cha	registered nge(s)
		Javet 5. Printed of	Auchez	
Signature of a member or authorized representative of a member		Printed o	or typed name of signee	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compile the obligations of my position as registered agent as proto merely reflect of hypge in the registered office address notified in writing withis change.	d agree to ac olete perform wided for in ss, I hereby c	t in this capacity. I j ance of my duties, a Chapter 605, F.S. C onfirm that the limit	further agree to comply nd I am familiar with a Pr, if this document is bo ed liability company ho	with the nd accept eing filed is been
Signature of Registered Agent	-			