Division of Corporations 5/4/2021

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> > (((H21000179923 3)))



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email	Address:		

LLC REGISTERED AGENT CHANGE HELMSMAN FREIGHT SOLUTIONS, LLC

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From: James Tanks III

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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.	Na	me of the limited liability company:	IGHT	S	DLUTIONS,	, LLC
2.	(a)	2701 S Le Jeune Rd		(b)	2701 S Lc	Jeune Rd
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(-)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Coral Gables, FL 33134			Coral Gable	es, FL 33134
			•			2
			-			
		9/5/2013		ı	L130001257	
3.		Date of filing/registration in Florida	4.		-	Document number
5	(a)	CORPORATE CREATIONS NETWORK INC.				
٠.	(4)	Registered Agent and Registered Office shown on the records of the	PH 4: 48 SSEF. FIL			
		Registered Office Address (MUST BE FLORIDA STREET AL	DRE	SSI		ास क
		801 US HIGHWAY I				
		NORTH PALM BEACH, FL 3	3408			
		C T Corporation System				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		NEW Registered Office Address:				-
		1200 South Pine Island Road				-
		Plantation FL 3	3324			
the age wa the	che ent v s/we arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of ti will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he re pility the l	gis co im	tered office mpany, it is ited liabilit	s and the business office of the registered is hereby confirmed that the change(s) y company or es otherwise provided in apany.
I in prototo the to no By:	tere ovisi obi mer tifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. CT Corporation System CR Registered Agent	e to a erfor for in ereby a Hal	n C	in this cape ince of my chapter 605 infirm that Asst. Secret	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been tary