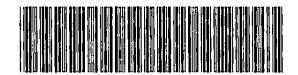
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| (Requestor's | Name) | | | | | | | |
|---|---------------------|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip | o/Phone #) | | | | | | | |
| PICK-UP W | AIT MAIL | | | | | | | |
| (Business En | tity Name) | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Cer | tificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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SECRETARY OF STATE TALL AHASSET FLORID

APPROVEU AND FILED

1. Cais/19



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscqlobal.com

Date: March 22, 2019

Order#: 695024/010

Re: CROSS BAYOU INDUSTRIAL PARK LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Ashley Jiminez 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

2019 APR -5 PM 3: 23 SECRETARY OF STATE (ALLAHASSEL FI OPIN

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 | ame of the limited liability company: _CROSS BAYOU | INDUST | RIAL PAF | RK LLC | | | |
|---------------------------|------------------------------|--|---|---|--|-------------------------------------|------------------------------------|---|
| 2 | (a) | 6251 44TH STREET NORTH | (b) 6251 44TH STREET NORTH | | | | | |
| | (47) | Principal office address of limited liability company: | (0) | Mailing address of limited liability company: | | | | |
| | | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE P | <u>OST OFFI</u> | CE BO | <u>2X</u>) |
| | | SUITE #1 | | SUITE #1 | | | | |
| | | PINELLAS PARK, FL 33781 | PINELLAS PARK, FL 33781 | | | | | |
| | | 11/15/2013 | _ | L1300016 | 60773 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | er | | |
| 5. | (a) | CONNELL, JOHN | | | | | | |
| | ` ' | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of Stat | e: | | | |
| | | 6251 44TH STREET NORTH | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | _ | | | |
| | | SUITE #1 | | | _ | = 83 | 2019 | |
| | | PINELLAS PARK , FI, | 33781 | | | 2019 APR SECRES | <u> </u> | |
| | (b) | Corporation Service Company | | | _ | FILED FILED ASSETUE | | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office add | <u>TW</u> : | | 100 | -1 | |
| | | 1201 Hays Street | | | | 37 | 23 | |
| | | NEW Registered Office Address: | | | _ | ŕ | | |
| | | | | | _ | | | |
| | | Tallahassee, FL_ | 32301 | | _ | | | |
| the age was the | cha ent w s/we arti | imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the least of | the regist bility cor the limit imited lia | ered office npany, it is ted liability ability com | e and the business s hereby confirmed y company or as o | office of d that the therwise | the rechan | egistered ge(s) |
| S | ignat | ure of a member or authorized representative of a member | | | Printed or typed nam | ne of signee | | |
| pro the to r not | obli nere Xie | 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 property of this change | performa for in Ci ereby coi | nce of my d hapter 605 ifirm that | duties, and I am fa 5, F.S. Or, if this a the limited liabilit | imiliar w locument y compar | mply ith an is bei iy has | with the d accept ing filed : been |
| Sig | natui | e of Registered Agent Corporation Service Company | By: Gra | ce E. Kirl | by, Asst. Vice Pr | resident | | |

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