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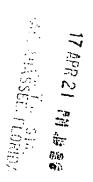
(Requestor's Name)					
(Address)					
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. (Ci	ty/State/Zip/Phone	e #)			
. PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Merchant Global Logistics 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:						
Bryon Anderson Name of Person						
Firm/Company	- Add Andrew					
2727 Clydo Rd Unit 6 Address						
Jacks savi Ne FL 3225 - City/State and Zip Code	1					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Bryon Adessa at (727 331 - 358 7 Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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	Name of the limited liability company:	39:541c S	
2.	(a)	Principal office address of limited liability company: (b)	Mailing	address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		: MAY BE POST OFFICE BOX)
		2727 Clydo Rd unit 6	Some	
		Jacksonvine FC 32207		
			400014	1987
3.		Date of filing/registration in Florida 4.	Docum	nent number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dep	of State;	
	-	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		285 Palm Breeze Dr		
		Ponte Vodia FL 3209	5	
((b)	Bryan Anderson		7
		Enter name of NEW Registered Agent and/or NEW Registered Office address		AP
				12.5
		NEW Registered Office Address:		3
		2727 Clydo Rd unit 6		ORD S
		Jacksonville FL 3220	1	
the age: was	chai nt w /wei	limited liability company is not organized under the laws of the Stathange or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability comparer authorized by an affirmative vote of the members of the limited	l office and the ny, it is herebaliability comp	ne business office of the registered y confirmed that the change(s)
the	artic	ticles of organization or the operating agreement of the limited liabil		
Si	gnati	nature of a member or authorized representative of a member	And Y	or typed name of signee
		eby accept the appointment as registered agent and agree to act in testions of all statutes relative to the proper and complete performance bligations of my position as registered agent as provided for in Chaprely reflect a change in the registered office address, I hereby confired in writing of this change.		
Sign	natur	ture of Registered Agent		