Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H15000242659 3)))



H150002428593ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number : (702)866-2500 : (702)866-2689

\*\*Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please. The

Email Address:

## LLC REGISTERED AGENT CHANGE BENSOF LOGISTICS, LLC

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## H150002426593

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJE	CT: BENSOF LOGISTICS, LLC					
Name of Limited Liability Company						
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Office	Chan	ge and i	fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this m	atter	to the f	ollowing:		
	Jackie DeFilippis					
_ <del></del> _	Name of Person		_	<del>-</del>		
InCorp	Services, Inc.					
	Firm/Company	·		_		
2360 C	orporate Circle · Suite 400			·		
	Address			<del>-</del> ·		
Hender	son, NV 89074-7739			· _		
	City/State and Zip Code					
Docum	ents@incorp.com					
E-1	nail address: (to be used for future annual	repo	rt notific	ention)		
For furth	ner information concerning this matter, ple	ase c	all:			
Jackie I	DeFilippis for InCorp Services, Inc.	ıt (	800	, 246-2877		
	Name of Person			Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:			ILING ADDRESS:		
	Registration Section	Registration Section				
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
	Chitton Building 2661 Executive Center Circle	Tallahassee, Florida 32314				
	Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
	<b>2 \$2</b> 5 Filing Fee		Q \$55	Filing Fee & Certified Copy		
INHS18 (	2/14)					

H150002426593

3/3

## 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. 1	Name of the limited liability company: BENSOF L	OGISTI	CS, LLC		
2. (a	10598 NW South River Drive		(b) 10598 NW South River Drive		
•	Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)		\-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)	
	Medley, FL 33178		Medle	y, FL 33178	
	06/10/2015		L15000	101636	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	NEGOCIOS EN USA				
J. (	Registered Agent and Registered Office shown on the record	is of the Fic	rida Dept. of S	State:	
	201 S. Biscayne Bivd.				
	Registered Office Address (MUST BE FLORIDA STRE	ETADDR	ersi		
	Miami	, FL	33131	<del></del>	
	n InCorp Services, Inc.			in the second	
(Ъ	Enter name of NEW Registered Asset and/or NEW Regist	ared Office	e address:	- 156 <b>15</b>	
	The state of the s			OCT CRE	
	17888 67th Court North			الله الله الله الله الله الله الله الله	
	NEW Registered Office Address:				
				그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	
	Loxahatchee	. FL	33470	TATE	
the ci agent was/	e limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member tricles of organization or the operating agreement of	is of the read liability ers of the the limit	egistered of y company, limited liab ed liability o	fice and the business office of the registered it is hereby confirmed that the change(s) filtry company or as otherwise provided in company.	
	nstare of a member or authorized representative of a member	<u>.                                      </u>	Reza Rahb	aran, Authorized Representative Printed or typed name of signes	
		omes in	ant in this a		
provi	reby accept the appointment as registered agent and islans of all statutes relative to the proper and compibilizations of my position as registered agent as proverely reflect a change in the registered office addressing in writing of this change.				
	Jackie DeFilipping of Registered Agent	9 UN DEN	an or mcor	p ogranda, mu.	
/	Division of Corporations● P. FILIN	O. Box 6 G FEE: 9		hassee, FL 32314	

INHS18 (2/14)

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