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(Requestor's Name)								
(Address)								
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(Bu	usiness Entity Nar	me)						
(Document Number)								
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SECRETARY OF STATE
TALL AHASSES ELOSIO

**S Warren** APR 2 4 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 19, 2017

Order#: 582885/017

Re: LIONHART TRANSPORTATION, 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 Seeman

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

## 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:	Lionhart Transpo	ortation,	LLC			
2.	(a)	336 West US 30 201		(b)	l			
()		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_ (*,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Valparaiso	IN 46385	_				
		07/09/2015		_	L1500011			
3.		Date of filing/registration in	ı Florida	4.		Document number		
5.	(a)	CT Corporation System					•	
		Registered Agent and Registered Office show	wn on the records of th	ne Florida	Dept. of State	<b>::</b>		
		1200 S Pine Island Rd						
		Registered Office Address (MUST BE F	LORIDA STREET A	DDRESS)				
		Plantation	, FL_	33324			17 I	
(1	(b)	Corporation Service Company					APR 21 I	71
	` ′	Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered (	Office add	ress:		21 ARY ASSE	
							146	
		1201 Hays Street		·	<del> </del>		27. 11. 12. 13.	
		NEW Registered Office Address:					H 9: 10 F STATE FLORIDA	
						•		
		Tallahassee	, FL_	32301				
the age wa	cha ent w s/we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a large authorized by an affirmative vote of organization or the operating a	street address of t Florida limited liab of the members of	the regist bility con the limi	ered office npany, it is ted liability	e and the business of s hereby confirmed to y company or as oth	ffice of the reg that the change	gistered e(s)
Jee & Gome			Jill C	Jill Cilmi, Authorized Person  Printed or typed name of signee				
I h pro the to i not	eret ovisio obli nere ified	pre of a member or authorized representative by accept the appointment as register ons of all statutes relative to the properties of all statutes relative to the properties of my position as registered by reflect a change in the registered of this change	ed agent and agre per and complete p agent as provided office address, I he	performa for in C ereby co	nce of mŷ d hapter 605 nfirm that i	acity I further agre	re to comply w niliar with and cument is bein company has l	ith the accept g filed been