

FEB -9 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2016

BAYFRONT LOGISTICS L.L.C.  
COLIN MORRAY  
1237 EVERGLADES AVE.  
CLEARWATER, FL 33764

SUBJECT: BAYFRONT LOGISTICS L.L.C.  
Ref. Number: L16000009890

RECEIVED  
2017 FEB -9 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BAYFRONT LOGISTICS L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 816A00027773

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bayfront Logistics L.L.C.  
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:

Colin Murray  
Name of Person

Bayfront Logistics L.L.C.  
Firm/Company

1237 Everglades Ave  
Address

Clearwater, FL 33764  
City/State and Zip Code

bknab111firststar@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colin Murray at (727) 265-6193  
Name of Person 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)

→ Please refund \$10 / \$35 already mailed

**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. Name of the limited liability company: Bayfront Logistics L.L.C.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2773 Via Cipriani #1321A  
Clearwater, FL 33764

3. 1-07-16 4. L16000009890  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Jeffrey B. Knob  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2773 Via Cipriani #1321A  
Clearwater, FL 33764

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Colin Murray  
NEW Registered Office Address:  
1237 Everglades Ave  
Clearwater, FL 33764

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Jeffrey B. Knob / AMBR  
Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Colin Murray  
Signature of Registered Agent

FILED  
2011 FEB -9 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA