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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	> #)
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02/05/18--01010--028 **25.00



J. HARRIE

, COVER LETTER

	Registration Section Division of Corporations				
SUBJE	Ashlyn Logistics, LLC				
	Name of Limited Liability Company				
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning this	s matter to the following:			
William	ı Casas				
•	Name of Person				
Ashlyn	Logistics, LLC				
	Firm/Company				
118 To	own Loop - Apt 202				
	Address				
Moores	sville, NC 28117	h			
	City/State and Zip Code				
william	.casas@landstarmail.com				
E-r	mail address: (to be used for future annu	al report notification)			
For furth	ner information concerning this matter, p	please call:			
William	Casas	305 8967975			
	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: Pegistration Section Invision of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
]	Enclosed is a check for the following a	amount:			
Ċ	\$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. N:	ame of the limited liability company: Ashlyn Logist	tics, Ll	LC	;				
2. (a)	8721 SW 56st		(b)	118 To	wn Loop. L	Jnit 202	_	
(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,		Mailing address (Note: MAY			
	Miami, FL			Moores	sville, NC			
	33165	_		28117				
	04/04/2016		Į	_160000	066680			
3.	Date of filing/registration in Florida	_ 4.	-		Document r	number		
5. (a)								
/- (α)	Registered Agent and Registered Office shown on the records of	the Flori	da	Dept. of Sta	ate:			
	United States Corporation Agents, INC				_			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	<u>(22</u>					
	3030 N. Rocky Point Drive, Ste 150a,				_			
	Tampa	33607	7			.	<u></u>	
	, , ,				_		(57)	
(b)						4	()	-
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	ess:	_	• •		,
	Maria Cristina Rouco	•				F	7-7	
	NEW Registered Office Address:				_	•	• •	
	1665 Bay Rd. Unit 222						9	
					_			
	Miami Beach , FL	33139)					
gent was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liar eauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the under the operation of a member or authorized representative of a member	the regability of the linited	on mit lia	ered offic ipany, it i ed liabilit	e and the bus is hereby conf ty company of mpany.	iness offi firmed that r as other	ice of the at the cha wise prov	registered
	•				Printed or type		_	
	ny accept the appointment as registered agent and agricons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the provided of this thange.	narrara	4/7	100 Of M11	destroe and i			. ,
ignatur	e of Registered Agent							

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