## LIL 0000 72305

(	Requestor's Name)					
(	Address)					
(	Address)	<u></u> ,				
- (	City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						

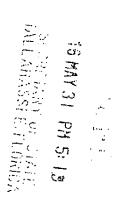
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Office Use Only



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05/31/16--01026--002 \*\*25.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations	*	•			
SUBJ	NBJ Logistics LLC					
5626		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	e Change and fee(s) are sub	omitted for filing.			
Please	return all correspondence concerning thi	matter to the following:				
Narja	ra Rodriguez					
	Name of Person	<del></del>				
NBJ	Logistics LLC					
	Firm/Company					
1454	1 SW 296 St					
	Address					
Home	estead, FL 33033					
	City/State and Zip Code					
nrodr	riguez@nbjlogistics.com					
	E-mail address: (to be used for future ann	al report notification)				
For fu	rther information concerning this matter,	olease call:				
Narja	ra Rodriguez	786 387-000	)2			
	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 ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	tion porations			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55 Filing Fee	& Certified Copy			
INHS1	8 (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	nme of the limited liability company: NBJ Logistics	s LLC			··-
2. (a)	390 NW 86 St	(	(b) 14541 SW 296 St		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	(5)	Mailing address of limited liabilit (Note: MAY BE POST OFFI	
	Miami, FL 33126			Homestead, FL 33033	
	04/12/2016		L	L16000072305	
3.	Date of filing/registration in Florida	4.		Document number	
	Registered Agent and Registered Office shown on the records of Barbara Stratos  Registered Office Address (MUST BE FLORIDA STREET)  10598 NW South River Dr			<u> </u>	
	Miami . FI	33178	В		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ıdd	ddress:	5.  C
	Narjars Rodriguez				•
	NEW Registered Office Address:				
	390 NW 86 Ave			<del></del>	
	Miami , F	_33126	6	<b>)</b>	
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reginability of the li	gis co mi	istered office and the business office of company, it is hereby confirmed that the mited liability company or as otherwise	the registered change(s)
	Affile .	Na	arj	arjara Rodriguez	
•	ture of a member of authorized representative of a member			Printed or typed name of signed	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I did not writing of this change.	ree to a e perfor ed for in hereby	ma n C co	it in this capacity. I further agree to connance of my duties, and I am familiar with Chapter 605, F.S. Or, if this document confirm that the limited liability compa	mpty with the pith and accept is being filed ny has been
Signan	are of Registered Agent				