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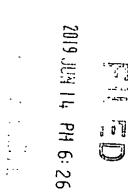
(Reques	stor's Name)	
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PICK-UP	WAIT	MAIL
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C. GOLDEN JUN 2 6 2019

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		Ź.		
CHRI	Brown Boxer Logistics,LLC				
a O De	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Mich	ael A. Damato				
	Name of Person				
Brow	n Boxer Logistics,LLC				
	Firm/Company		_		
1813	5 Swan Lake Dr				
	Address	·			
Lutz,	FL 33549				
-	City/State and Zip Code				
Mich	ael.Damato66@gmail.com				
]	E-mail address: (to be used for future and	nual report notif	ication)		
For fu	rther information concerning this matter	, please call:			
Mich	ael A Damato	813	333-2230		
	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	Re Di P.C	alLING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314		
	Enclosed is a check for the following				
	□ \$25 Filing Fee	3 \$:	55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) FL 49 Document number (State:
(Note: MAY BE POST OFFICE BOX) ,FL 19 00131946 Document number
00131946 Document number
Document number
Document number
f State:
f State:

20
[E:2]:
PH
· 6: 26
of Florida, it is hereby confirmed that after office and the business office of the registe v, it is hereby confirmed that the change(s) ability company or as otherwise provided in v company. A Damato Printed or typed name of signee is capacity. I further agree to comply with 1 f my duties, and I am familiar with and acc r 605, F.S. Or, if this document is being fit that the limited liability company has been
y

Signature of Registered Agent