Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000021729 3)))



H200000217293ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

8: Lg

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

-maıl	Address:	 	 	 	 

## LLC REGISTERED AGENT CHANGE AGX FREIGHT INTERMODAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

O SIMMONS

JAN 22 2020

Help

Corporate Filing Menu

Electronic Filing Menu

## 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: AGX Fre	eight	Intermo	dal LLC			
	11764 MARCO BEACH DRIVE,			MARCO BEA	СН	DRIV	Ε,
<b>-</b> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limite (Note: MAY BE POS	d liab	ility com	pany:
	SUITE 10		SUITE:	10			
	JACKSONVILLE, FL 32224	<del></del>	JACKSO	NVILLE, FL 322	224		<del></del>
	07/28/2016		L160001	41287			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	WILLIAMS, MIKE P						
(u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	11764 Marco Beach Dr.						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE.	<u>SS)</u>		38	20:	
	Suite 10				32	20 J	
	Jacksonville	<sub>FL</sub> 3222	24	.' ش آن عز		2020 JAN 2	Parian Parian Parian
(b)	Northwest Registered Agent	\(\frac{\dagger}{2}\)	EDAIG OF STATE	A			
(0)	Enter name of NEW Registered Agent and/or NEW Register		113	AM 10: 27	O		
	7901 4th St N	- -	JTE	27			
	NEW Registered Office Address:						
	STE 300			-			
	St. Petersburg	FL_337(	)2	-			

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.

Morgan Jothen	Morgan Noble		
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. Glover - Assistant Secretary