

L16000141287

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H24000117963 3))



H240001179633ABC0

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: Account Name : SPI AGENT SOLUTIONS, INC.  
Account Number : I20230000143  
Phone : (888)314-3998  
Fax Number : (518)514-1288

2024 APR - 1 PM 1:56  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

RECEIVED  
2024 APR - 1 AM 8:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
AGX FREIGHT INTERMODAL, LLC

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

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AGX FREIGHT INTERMODAL, LLC  
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:

Joe DiGaetano  
Name of Person

SPI Agent Solutions, Inc  
Firm/Company

524 S 2nd St Ste 505  
Address

Springfield IL 67201  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe DiGaetano at (512) 309-1153  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

### 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: AGX FREIGHT INTERMODAL, LLC
- 2. (a) 11764 MARCO BEACH DRIVE,  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
SUITE 10  
JACKSONVILLE, FL 32224
- (b) 11764 MARCO BEACH DRIVE,  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
SUITE 10  
JACKSONVILLE, FL 32224
- 3. 07/28/2016 Date of filing/registration in Florida
- 4. L16000141287 Document number

- 5. (a) UNIVERSAL REGISTERED AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1317 CALIFORNIA ST.  
TALLAHASSEE, FL 32304

- (b) SPI AGENT SOLUTIONS, INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
  
NEW Registered Office Address:  
1540 GLENWAY DR  
TALLAHASSEE, FL 32301

FILED  
 2024 APR - 1 PM 1:56  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

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.

Brian Golden  
 Signature of a member or authorized representative of a member

Brian Golden  
 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.

Lindsay Gates  
 Signature of Registered Agent  
 Lindsay Gates President SPI Agent Solutions, Inc