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.

(((H24000168748 3)))



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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

Email Addr	:ess:		
Email Addr	:ess:	 	

## LLC REGISTERED AGENT CHANGE AGX FREIGHT INTERMODAL, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 2/2

## 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.

a) _		(b)	)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
(	07/28/2016	 Li	L16000141287
-	Date of filing/registration in Florida	4.	Document number
a)	SPI AGENT SOLUTIONS, INC.		
	Registered Agent and Registered Office shown on the records of th	ne Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u> </u>
	1540 GLENWAY DR.		~
	TALLAHASSEE	32301	15.1
, [	NORTHWEST REGISTERED AGENT LLC		2029 IEVY -9
	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	
	7901 4TH ST N		Fess:
	NEW Registered Office Address:		0
	STE 300		<u></u>
	ST. PETERSBURG , FL	33702	
ge o wi wer rticl	nited liability company is not organized under the laws or changes are made, the Florida street address of the r ill be identical. Or, in the case of a Florida limited liab e authorized by an affirmative vote of the members of les of organization or the operating agreement of the li	egistered oility comp the limite	I office and the business office of the registered npany, it is hereby confirmed that the change(s ted liability company or as otherwise provided
<u>/</u>	re of a member of authorized representative of a member	Nat Sn	
			Printed or typed name of signee
sio. blig erel	e accept the appointment as registered agent and agreens of all statutes relative to the proper and complete proteins of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in erformand for in Cha reby conf	in this capacity. I further agree to comply with nee of my duties, and I am familiar with and ac hapter 605, F.S. Or, if this document is being f nfirm that the limited liability company has bee