LIC CCO 229 153

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

Office Use Only



200389912362

(C 27/20 -01020 094 +*20.60

RATTARANGE STATE

SEP 2 0 2027 S. PRATHE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: M J Fields Group LLC	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Michael Fields	
Name of Person	
M J Fields Group LLC	
Firm/Company	
5000-18 Hwy 17 S., #263	
Address	
Fleming Island, FL 32003	
City/State and Zip Code	
mfields@grizzlogistics.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Michael Fields	904 385-4881
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 amous	nt:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (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	ame of the limited liability company: M J Fields Grou	p LLC			
2. (a)	Grizz Logistics	(B)Crizz Log	gistics	
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited (Note: MAY BE POST	• • •
	5011 Gate Parkway, Building 200, Suite 100		5000-18 F	łwy 17 S., #263	
	Jacksonville, FL 32256		Fleming I	sland, FL 32003	
	12/20/2016		L16000229	9153	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)	Michael J. Fields				
J. (a)	Registered Agent and Registered Office shown on the records of Grizz Logistics	f the Florid	la Dept. of Sta	te:	
	Registered Office Address 8649 Baypine Rd., #103	ADDRES	3)	_	
	Jacksonville, F	L_32256		_	
(b)	Michael J. Fields			_	2022 JUN 27
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:		JUN JUN
	Grizz Logistics				2022 JUN 27 PH Z: 42 KLLAHÁSSEE, FLORIO7
	NEW Registered Office Address:			_	
	5011 Gate Parkway, Building 200, Suite 110			_	EE, FLORID
	Jacksonville	L		_	VG VG
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe liability o of the li	red office ar ompany, it i nited liabili liability cor	nd the business office is hereby confirmed the ty company or as other mpany.	of the registered hat the change(s) erwise provided in
Signa	pure of a member or authorized representative of a member		Mich	Printed or typed name of	of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, a d in writing of this change.	gree to ac e perforn led for in I hereby c	et in this cap nance of my Chapter 60, confirm that	oacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	e to comply with the iliar with and accep ument is being filed ompany has been
Signate	Mcdof Kegistered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)