117000154686

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





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11/16/18--01003--011 **25.00



November 30, 2018

MARIELA BERNET 9380 NW 100 ST MEDLEY, FL 33178

SUBJECT: A&B PACIFIC LOGISTICS USA LLC

Ref. Number: L17000154686

We have received your document for A&B PACIFIC LOGISTICS USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 018A00024437

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	A&B PACIFIC LOGISTICS (A&B PACIFIC LOGISTICS USA LLC			
30031		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
MARI	ELA BERNET				
	Name of Person		_		
A&B I	PACIFIC LOGISTICS USA LLC				
	Firm/Company		_		
9380	NW 100 STREET				
	Address				
MEDI	LEY, FL 33178				
 -	City/State and Zip Code		_		
marie	la.bernet@abpacific.com				
Е	-mail address: (to be used for future ann	ual report notif	ication)		
For fur	ther information concerning this matter.	please call:			
MARI	ELA BERNET	305 at (887-0785		
	Name of Person	_ \	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following	amount:			
	☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		
INHSTS	3 (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. N	ame of the limited liability company: A&B PACI	FIC LOGISTICS	USA LLC		
2. (a)	9380 NW 100 STREET	(b) 9380	(b) 9380 NW 100 STREET		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MEDLEY, FL 33178	<u>MED</u>	LEY, FL 33178		
	12/13/2018	L1700	0154686		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	A&B PACIFIC LOGISTICS USA LLC				
<i></i> (a)	Registered Agent and Registered Office shown on the record	s of the Florida Dept. of	State:		
	Registered Office Address (MUST BE FLORIDA STRE 8200 NW 93 STREET	<u>ET ADDRESS)</u>			
	MEDLEY	FL_33166			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> MARIELA BERNET	ered Office address:	:: E. ::-		
	NEW Registered Office Address:				
	9380 NW 100 STREET				
	MEDLEY	FL 33178			
signa I here provise the oblive mere	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the ere authorized by an affirmative vote of the member of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and constant of all statutes relative to the proper and complifications of any position as registered agent as proved to refuse tachange in the registered office address thin within of this change.	s of the registered of d liability company, rs of the limited liability the limited liability MARIELA agree to act in this of	ffice and the business office of the registere it is hereby confirmed that the change(s) bility company or as otherwise provided in company. BERNET Printed or typed name of signee capacity. I further agree to comply with the		

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