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## COVER LETTER

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INHS18 (2/14)

~	istration Section sion of Corporations					
SUBJECT:	Manta Loc Name of Limi	istics ted Liability Company				
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.				
Please return	n all correspondence concerning this matter t	o the following:				
S	teven P. Cotter					
	Name of Person					
Manta Logistics LLC Firm/Company						
326	4 Souther Hills Cirl Address	$\Delta$				
Jac	City/State and Zip Code	<u></u>				
E-mail address: (to be used for future annual report notification)						
For further i	nformation concerning this matter, please ca	II:				
	even P. Cotter at (C	104 ) 515 - 7589 Area Code & Daytime Telephone Number				
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
ø∕s k	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.

r torace	<i>i</i> .				
1. Na	me of the limited liability company: Manta	· Logic	stics,	UC_	-
	Mr Steven P. Cotter				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing add	ress of lim	ited liability company: OST OFFICE BOX)
	32 bt Southern Hills Cirk				
	Jacksonville, FL 32229				
	07/21/2017		1000	563	39
3.	Date of filing/registration in Florida	4.	Docume	nt numbe	er
5. (a)					
(b)	Registered Agent and Registered Office shown on the records of the  United States Corp. Agents  Registered Office Address (MUST BE FLORIDA STREET AD  5575 S. Samoran Blud  Oclando FL  Enter name of NEW Registered Agent and/or NEW Registered Office Agent Agent and/or NEW Registered Office Agent Ag	Inc. DRESS) Stre. 3 32822	_ 	TALLAHASSEE, FL	FILED 2019 JUL 30 AM II: 02
	Steven P. Catter				
	NEW Registered Office Address:  3264 Southern Hills	CirW			
	Jacksonville FL	3222	<u></u>		
the cha agent w was/we	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line.	ne registered off ility company, i the limited liabi mited liability c	ice and the t is hereby o lity compan ompany.	business confirme y or as o	office of the registered d that the change(s)
Signat	ture of a member or authorized representative of a member		Printed or	typed nan	ne of signee
I herel provisi the obl	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f By reflect a change in the registered office address. I he	e to act in this co erformance of m for in Chapter 6 reby confirm the	ipacity. I fi y duties, an 05, F.S. Or at the limite	urther ag d Lam fo , if this o	ree to comply with the amiliar with and accep locument is being filed to company has been

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

notified in writing of this change

Signature of Registered Agent