## U7000221581

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
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73 :: CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 590283 7647760					
AUTHORIZATION Spellelan					
COST LIMIT : (\$25'.0					
ORDER DATE : April 5, 2022					
ORDER TIME : 2:11 PM					
ORDER NO. : 590283-006					
CUSTOMER NO: 7647760					
CHANGE OF AGENT					
NAME: COMPONENT SERVICES & LOGISTICS, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## 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: COMPONENT S	SERVICE	ES & LOGISTICS, LLC	
2. (a	11701 28th Street North	11701 28th Street North		
2. (4	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	ST PETERSBURG, FL 33716	_	ST PETERSBURG, FL 33716	
	10/25/2017		L17000221581	
<ol> <li>3.</li> <li>5. (a)</li> </ol>	Date of filing/registration in Florida BARB, AMY	4.	Document number	
J. (	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2022 AP2	
	ST. PETERSBURG, FL_	33716		
(b	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company	Office add	dress:	
	NEW Registered Office Address:		<del></del> -	
	1201 Hays Street			
	Tallahassee FL_	32301		
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law.	registered bility cor f the limi limited li	ed office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee	
######################################	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete policy and complete policy agent as provided rely reflect a change in the registered office address. I head in writing of this change.  Mace Change ture of Registered Agent	ee to act to performa. I for in Ci ereby coi	in this capacity. I further agree to comply with the the the sold ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	