118000052582

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

Office Use Only



500317404965

 $(\mathbf{i}_{i_1},\ldots,\mathbf{i}_{i_{m+1}},\mathbf{i}_{i_{m+1}},\ldots,\mathbf{i}_{i_{m+1}},\ldots,\mathbf{v}_{i_{$

18 AUG 23 AM 8: 38 STORE LAND STATE TALLAHASSEE, FLORIDA

AUG 2 9 2018 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IC GLOBAL LOGISTICS, LLC	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Taylor Watson Name of Person	T/e 18
Spechn Law Firm PLLC Firm/Company	AUG 2
3308 Bradeway Suite 101	3 M 8: 39 3 LE FLORIDA
Seen Antonio TX 78289	39 IUA
City/State and Zip Code	
VINANA. VICYA Q YANO. Com E-mail address: (to be used for future affinal report notification)	
For further information concerning this matter, please call:	
Taylor Walson at (210) 881-0801	
	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. 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	

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	ume of the limited liability company: IC GLOBAL L	OGISTICS, LLC	<u> </u>
2. (a)	618 E. South Street	(b) 618 E.	South Street
(4-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 500	Suite 50	00
	Orlando, FL 32801	Orlando	o, FL 32801
	February 27, 2018	L180000	52582
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Andrew S. Rapacke		
<i>D</i> . (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:
	1836 N Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	_
	Plantation, FL	33322	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ALLAIM ALLAIM
	124 W. 24th Street		23 SSEE
	NEW Registered Office Address:		AM 8: 39
	Healeah .FL	33010	_
the cha agent w was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered offic ability company, it of the limited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.
Signal	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obli to merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I have	ee to act in this cap performance of my d for in Chapter 60. hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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