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Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number: I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

LLC REGISTERED AGENT CHANGE FIRST COAST LOGISTICS OF NORTH FLORIDA, LLC

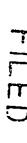
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FIRST COAST LOGISTICS OF NORTH FLORIDA, 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	er to the following:
Vanessa Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkw	y. Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Vanessa Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amou	nt:
□ \$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.

. Na	me of the limited liability company: FIRST COA	AST LO	GISTICS	S OF NORTH	H FLORIDA	۹, LLC
2. (a)	1133 Baisden Rd	(b)	PO B	ox 26767	7	-
	Principal office address of limited hability company:		7	failing address of lim		
	Jacksonville, FL 32218		Jacks	onville, F		_
				, , , , , , , , , , , , , , , , , , , ,		
	5/23/2018	l	_1800	0128848		
s .	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	Blumberg Excelsior Corpora	te Se	rvices			
. (,	Registered Agent and Registered Office shown on the records of	the Florida I	Dept, of State	:		
	155 Office Plaza Dr					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	······································		-00 2	3
	1st Floor				711 7111	3 2
	Tallahassee	3230	1		SAME THAT SAMES	7
(b)	Registered Agent Solutions,	Inc.			8 PH	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addi	ress:		1.5 ST 8	O
	155 Office Plaza Dr.				34 TE	
	NEW Registered Office Address:					
	Suite A					
	Tallahassee	3230	1			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ J	IΕΝ	INII	-ER	DO.	DD
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JENNIFER DODD Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

MOCEUZU (1)

Mackenzie Hart, Asst. Secretary