Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

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 SAVANNAH, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	01		
Estimated Charge	\$25.00		

DEC 07 2022 A. LUNT

#### **COVER LETTER**

TO: Registration Section Division of Corporations

# SUBJECT: FIRST COAST LOGISTICS OF SAVANNAH, 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:

Vanessa Castillo					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company	,				
Corporate Center One, 5301 Southwest Pk	wy. Ste 400				
Address	<del></del>				
Austin, TX 78735					
City/State and Zip Code					
E-mail address: (to be used for future annual reference or further information concerning this matter, please vanessa Castillo	•				
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	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				
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

1. Na	me of the limited liability company: FIRS	ST COAST LOGIST	ICS OF SAV	ANNAH, LLC	
2. (a)	1133 Baisden Road	(b) PO B	ox 26767		
, , ,	Principal office address of limited liability cor	npany: M	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Jacksonville, FL 32226		onville, FL		
	5/23/2018	L1800	0128879		
3.	Date of filing/registration in Florida	1 4, I	Document number		
5. (a)	Blumberg Excelsior Cor	porate Services			
	Registered Agent and Registered Office shown on the 155 Office Plaza Dr				
	Registered Office Address <u>MUST BE FLORIDA</u> 1st Floor		2022 OEC		
	Tallahassee	<sub>FL</sub> 32301		9€C - 34 94 34 94	
(b)	Registered Agent Solut		<b>6</b> 2600 <b>20</b> 000		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		AMIL: 27		
	155 Office Plaza Dr.		27		
	NEW Registered Office Address: Suite A				
	Tallahassee	, FL_32301			
If the li	mited lightlifty company is not organized und	lar tha leave of the State of Flor	rida it ie haraku can	firmad that after	

it the limited flability 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.

### JENNIFER DODD

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.

Signature of Registered Agent Mackenzie Hart, Asst, Secretary