Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 : (888)706-7274 Fax Number

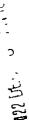
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE FIRST COAST LOGISTICS OF ALABAMA, LLC

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

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: FIRST COAST LOGISTICS OF ALABAMA 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	Pkwy, Ste 400		
Address			
Austin, TX 78735			
City/State and Zip Code			
E-mail address: (to be used for future annu	ial report 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:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

FIRST COAST LOCISTICS OF ALABAMA LLO

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.

ame of the limited liability company:	30A31 L	OGISTICS OF ALI	ADAIVIA LLO		
3950 Country Rd 63	(b)	(b) PO Box 26767 Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) Jacksonville, FL 32226			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Centre, AL 35960					
5/23/2018					
Registered Agent and Registered Office shown on the record 155 Office Plaza Drive		2022 DEC			
Tallahassee	FL 32301		-6 250 1111		
_ 		AMII: 27			
155 Office Plaza Dr. NEW Registered Office Address: Suite A	red Office addre	<u></u>	27		
Tallahassee	_{FL} 32301	<u> </u>			
	3950 Country Rd 63 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Centre, AL 35960 5/23/2018 Date of filing/registration in Florida Blumberg Excelsior Corporate Street Agent and Registered Office shown on the record 155 Office Plaza Drive Registered Office Address 1st Floor Tallahassee Registered Agent Solution Enter name of NEW Registered Agent and/or NEW Registered Office Address: 155 Office Plaza Dr. NEW Registered Office Address: Suite A	3950 Country Rd 63 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Centre, AL 35960 5/23/2018 Date of filing/registration in Florida 4. Blumberg Excelsior Corporate Servegistered Agent and Registered Office shown on the records of the Florida December 155 Office Plaza Drive Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1st Floor Tallahassee	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Centre, AL 35960 5/23/2018 Date of filling/registration in Florida Blumberg Excelsior Corporate Services Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 155 Office Plaza Drive Registered Office Address State Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: Suite A		

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/ 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