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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: D&K DOUGLAS 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:
KATARINA BENAKOVIC - DOUGLAS  Name of Person
D&K DOUGLAS LOGISTICS LLC Firm/Company
2827 DR. M.L.K. JR ST N APT 3 Address
ST. PETERSBURG, FL 33704 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KATARINA BENAKOVIC-DOUGLAS 8/3, 534 3020
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**☎** \$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

		7	LOGISTICS	
Principal office address of limited liability company:	(t	)		
Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)			-	
827 DR. N.L.K. JR. ST. N AF	<u>73</u>	2827	DP.M.L.K. JP.	ST, N APT
T. PETERSAURG, FL 33704	<del></del>	ST. PETE	ERSBURG, FL	33704
08.15.2018	_	L 180	00195517	
Date of filing/registration in Florida	4.	D	ocument number	
		_	SEVEL:	7
TAMPA	<u>, 33</u>		₩	-
		<u>lress</u> :	E FA	e, <b>1</b> ,9
<u> </u>			<b>,</b> , ,	
<u>W</u> Registered Office Address; 827 DR. M.L.K.JR,ST. N	V AT	73		
ST. PETERSBURG.FL	35	704		
	(Note: MUST BE STREET ADDRESS)  8 27 DR. N.L.K. JR. ST. N AF  7. PETERSPURG, FL 33704  08. 15. 2018  Date of filing/registration in Florida  LATARINA BENAKOVIC - Consistered Agent and Registered Office shown on the records of sistered Office Address  (MUST BE FLORIDA STREET)  18 26 D PALM CROSSING DE TENTA STREET  18 27 DR. N.L.K. JR. ST. N.  W Registered Office Address:  18 27 DR. N.L.K. JR. ST. N.	(Note: MUST BE STREET ADDRESS)  8 27 DR. M.L.K. JR. ST. N APT 3  7. PETERSBURG, FL 33704  Date of filing/registration in Florida  4. LATARINA BENAKOVIC - DOUG istered Agent and Registered Office shown on the records of the Florida  distered Office Address (MUST BE FLORIDA STREET ADDRESS)  3610 PALM CROSSING DR AF  THYPA .FL 33  er name of NEW Registered Agent and/or NEW Registered Office address:  827 DR. M.L.K. JR. ST. N AF	(Note: MUST BE STREET ADDRESS)  8 27 DR. N. L. K. JR. ST. N. APT 3 2827  T. PETERSBURG, FL 33704 ST. PETE  08, 15, 2018 L 180  Date of filing/registration in Florida 4. D  LATARINA BENAKOVIC - DOUGLAS  istered Agent and Registered Office shown on the records of the Florida Dept. of State:  1 stered Office Address (MUST BE FLORIDA STREET ADDRESS)  THYPA .FL 336/3  THYPA .FL 336/3	(Note: MUST BE STREET ADDRESS)  Registered Office Address:  W Registered Office Address:

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

Signature of a member or authorized representative of a member