## <u>L18000 208 754</u>

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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01/17/20--01013--012 ++25.00



FEB 1 7 2020 S. YOUNG



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 15, 2020

Order#: 141425/004

Re: SMITH TRANSPORTATION SERVICES, LLC

Enclosed please find:

 $\underline{XX}$  Change of Registered Agent and Office.  $\underline{XX}$  Check in the amount of \$25.00.

Please take the following action:

<u>XX</u>	File in	n your o:	Efice	on	a r	outine	basis.	
<u>XX</u>	Issue l	Proof of	Filir	ıg.				
<u>XX</u>	Return	Regular	Mail	in	the	enclos	ed enve	elope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## SYATEMENT 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.

I. Na	me of the limited liability company: <u>SMITH TRANSP</u>	ORTATIO	ON SERVICES, LLC
2. (a)	1300 SAWGRASS CORPORATE PKWY	_ (b)	1300 SAWGRASS CORPORATE PKWY
	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 110		SUITE 110
	SUNRISE, FL 33323	_	_SUNRISE, FL 33323
	80-0755551		L18000208754
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State:
	1300 SAWGRASS CORPORATE PKWY		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	SUITE 110		
	SUNRISE, FL	33323	
(b)	Corporation Service Company		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	
	1201 Hays Street		
	NEW Registered Office Address:		·····································
	Tallahassee, FL	32301	
the characteristic the characteristic agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia rere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the limi limited li	stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	eby acceptible appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I ed in writing of this change.	performa d for in C hereby ca	ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signat	ure of Registered Agent	BY: G	race E. Kirby, Asst. Vice President
	Division of Corporations• P.O. 1	Box 6327	'● Tallahassee, FL 32314

FILING FEE: S25.00

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