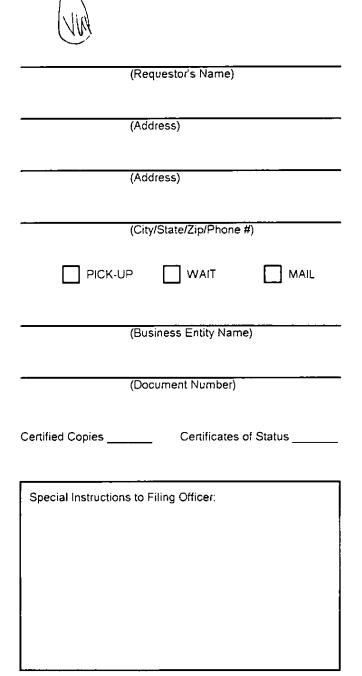
119000001408

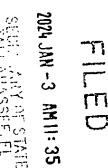


Office Use Only



700421073297

00.08/24--01009--011 **25.00



COVER LETTER

Division of Corporations			
Envio Logistics ELC SUBJECT:			
Name of Lim	ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Cedric Gaskin			
Name of Person			
Envio Logistics LLC			
Firm/Company			
8205 NW 72nd Ave			
Address			
Tamarac, Fl. 33321			
City/State and Zip Code			
egaskin@enviofreight.com			
E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, please ca	dl:		
Cedric Gaskin at (3 622-1035		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810		
rananassee, 11, 32314	Tallahassee, FL 32303		
Enclosed is a check for the following amount:	:		
■ \$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.

1. Na	ame of the limited liability company: Envio Logistics L	.LC		3 to 1 to 1 to 2 to 1 to 1 to 1 to 1 to 1	
2. (a)	8205 NW 72nd Ave Tamarac, Fl. 33321	(b)	8205 NW 7	2nd Ave Tamarac,FL. 33321	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	8205 NW 72nd Ave	;	8205 NW 7	2nd Ave	
	Tamarac, Fl. 33321		Famarae, Fl. 33321		
	12/27/2018	L	900000140	08	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	United States Corporation Agent Inc.				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State	:	
	476 Riverside Ave. Jacksonville, Fl. 32202				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	476 Riverside Ave.				
	Jacksonville , FI	32202		FIL SEGN JAN -3	
(b)	Cedric Gaskin				
. /	Enter name of NEW Registered Agent and/or NEW Registered	d Office uddr	<u>ess</u> :	SSESSES D	
	8205 NW 72nd Ave 33321			MIII: 35 MIII: 35 SSEE, FL	
	NEW Registered Office Address:			<u>п</u>	
	8205 NW 72nd Ave				
	Tamarac F	33321			
change agent v was/w the arti	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability com of the limite limited lial	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signa	ture of a member of authorized representative of a member			Printed or typed name of signee	
provisi the obt to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	-pertorman	ce of mv d	uties, and I am familiar with and accept	
Signatu	ire of Registered Agent				