

L1900000 7639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

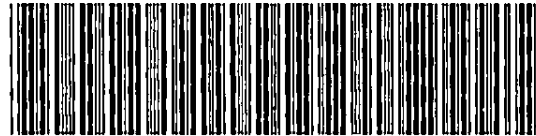
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500326504135

03/26/19--01023--002 **25.00

APPROVED
AND
FILED
2019 MAR 26 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T.G.
3/24/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nortical 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:

Pauline Jones
Name of Person

Firm/Company

921 E. Parker Street, Suite 1
Address

Lakeland FL 33801
City/State and Zip Code

Pauline.Jones@norticallogistics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pauline Jones at (321) 305 7596
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

APPROVED
AND
FILED
2019 MAR 26 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Nortical Logistics LLC
2. (a) 921 E. Parker Street (b) 921 E. Parker Street

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Suite 1

Lakeland FL 33801

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Suite 1

Lakeland FL 33801

3. 01/04/2019 4. L19000007639
- Date of filing/registration in Florida Document number

5. (a) 7861 Country Chase Avenue, Pauline Jones
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7861 Country Chase Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lakeland

FL 33810

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

921 E. Parker Street

NEW Registered Office Address:

Suite 1

Lakeland

FL 33801

APPROVED
AND
FILED
2019 MAR 26 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jones

Signature of a member or authorized representative of a member

PAULINE JONES

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.

Jones

Signature of Registered Agent