## 1190000 17573

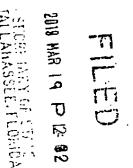
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## COVER LETTER | . .

TO: Registration Section Division of Corporations	
Channel Logistics, LLC SUBJECT:	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Jonathan J. Ellis	
Name of Person	<del></del>
Shumaker, Loop & Kendrick, LLP	
Firm/Company	<del></del>
101 E. Kennedy Blvd., Suite 2800	
Address	
Tampa, FL 33602	
City/State and Zip Code	
jellis@shumaker.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	rall:
Jonathan J. Ellis	813-229-7600
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 amoun	t:
☑ \$25 Filling Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

5970 NW 18th Place	
a)	(b) 5970 NW 18th place
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)
Ocala, FL 34482	Ocala, FL 34482
01/18/2019	L19000017573
Date of filing/registration in Florida	4. Document number
Bradford J. Tropello, Esquire	
Registered Agent and Registered Office shown on the records of 4 SE Broadway  Registered Office Address (MUST BE FLORIDA STREET)	
Ocala F	::L <sup>34471</sup>
Jonathan J. Ellis	ed Office address:
Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:
101 E. Kennedy Boulevard	'
NEW Registered Office Address:	·_~, V
Suite 2800	
Tampa	33602
. F.	<del></del>
limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members richer of organization or the operating agreement of the	Christopher B. Zacco
limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members rights of organization or the operating agreement of the mature of a member of authorized representative of a member.	of the registered office and the business office of the registe liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  Christopher B. Zacco  Printed or typed name of signee
e limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members tricles of organization or the operating agreement of the nature of a temper or authorized representative or a gleinber with account the appointment as registered agent and and	of the registered office and the business office of the registe liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  Christopher B. Zacco
limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members riches of organization or the operating agreement of the nature of a member or authorized representative of a member of all statutes relative to the proper and complete bligations of all statutes relative to the proper and complete bligations of my position as registered office address, I see in writing of this change.	of the registered office and the business office of the registe liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  Christopher B. Zacco  Printed or typed name of signee