Division of Corporations



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LLC REGISTERED AGENT CHANGE DAYS LOGISTICS INVESTMENTS LLC.

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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. N	ame of the limited liability company: DAYS LOGISTIC	SINVESTME	NTS LLC.	
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	150 SOUTH PINE ISLAND ROAD SUITE 300	150	SOUTH PINE ISLAND ROAD SUITE 300	
	PLANTATION, FL 33324	PLANTATION, FL 33324		
	03/27/2019	- L190	00084732	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a))			
- · (-)	Registered Agent and Registered Office shown on the records of DAYS, TELISA Y	the Florida Dept.	of State:	
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)		
	2901 SW 149TH AVENUE SUITE# 170	_		
	MIRAMAR	33029		
	, FL	· 		
(b)			2023	
ν-,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	Rocket Lawyer Corporate Services LLC		90 - 3	
	NEW Registered Office Address:		N 4	
	155 Office Plaza Drive 1st Floor			
			29	
	Tallahassee F1	32301		
chang agent was/w the art Signi I hero provis the obto meinotifie	limited liability company is not organized under the lay to or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable and appropriate of the members of the coordinate of the operating agreement of the appropriate of a member of a member of a member and agreement and agreement of all statutes relative to the proper and complete originations of my position as registered agent as provided rely reflect a change in the registered office address, I have my made to the proper and complete or the proper	registered off ability compare of the limited l limited liabili TELISA I	The and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company. DAYS Printed or typed name of signee its capacity. I further agree to comply with the of my duties, and I am familiar with and accept for SIS. F.S. Or, if this document is being filed	