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Fo:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 Phone : (888)314-3998 Fax Number : (518)514-1288

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:			
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## PAG - 1 AM BY

## LLC REGISTERED AGENT CHANGE GT WORLDWIDE LOGISTICS, LLC

Certificate of Status	
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K. SALY

## COVER LETTER

TO: Registration Section Division of Corporations	
GT WORLDWIDE LOGISTICS, LLC: SUBJECT:	
	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 r	natter to the following:
Joe DiGaetano	
Name of Person	
SPI Agent Solutions, Inc	
Firm/Company	<u></u>
524 S 2nd St Ste 505	
Address	
Springfield IL 67201	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annual	Treport notification)
For further information concerning this matter, ple	ease call:
Joe DiGaetano	512 309-1153 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303
Enclosed is a check for the following an	nount:
□ \$25 Filing Fee	☐ \$55 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.

1. N	lame of the limited fiability company: GT WORLDWI	IDE LOGISTICS	LLC		
2. (a)	1190 OSPREY COURT MARCO ISLAND, FL 34145	(b) 119	(b) 1190 OSPREY COURT MARCO ISLAND, FL 34145		
2. (4.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  **ONOTE: MAY BE POST OFFICE BOX**		
	08/19/2020		00248139		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	UNIVERSAL REGISTERED AGENTS, INC				
	Registered Agent and Registered Office shown on the records of	20 2			
	Registered Office Address (MUST BE FLORIDA STREET) 1317 CALIFORNIA ST.	FILED  PH 1: 56  LEHASSEE FLORID			
	TALLAHASSEE	32304			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office address:			
	NEW Registered Office Address:				
	1540 GLENWAY DR				
	TALLAHASSEE F	L_32301			
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ic registered off liability compar s of the limited I	Tice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
	Brian Goldon	Brian Gol			
Sign	ature of a member or authorized representative of a member	_ <del></del>	Printed or typed name of signee		
provis the ob to met	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provid rely reflect a change in the registered office address, I rd programs of this change.	e performance d led for in Chapt Thereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been		
Signal	After writing of this change.  Lindsay Gates, President SPI Agent Solut  ure of Registered Agent	tions, Inc.			