Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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

	Address:	
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LLC REGISTERED AGENT CHANGE TAMKAM TRANSPORT, 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: Tamka	m transp	ort IIC
2. (a)	Principal office address of limited hability company:	(b) _	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	10/13/20		20000324352
3.	Date of filing/registration in Florida	4	Document number
	INC ALITHODITY DA		
5. (a) INC AOTHORTT RA Registered Agent and Registered Office shown on the records of the Florida Dept. of State 390 NORTH ORANGE AVE., STE 2300 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			pt. of State:
	ORLANDO Degistered Agents Inc.	. FL 32801	27240
(b) Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	Enter harrie of NEW Registered Agent and/or NEW Register	eren Orige angires	<u>.</u>
	7901 4th St N		
	NEW Registered Office Address:		
STE 300			
	St. Petersburg	, _{FL} 33702	
the cha agent was/wasthe art	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the registered liability comp ers of the limited the limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ality company.
Signature of a member or authorized representative of a member			Printed or typed name of signce
I here	by accept the appointment as registered agent and ions of all statutes relative to the proper and compi ligations of my position as registered agent as prov ely reflect a change in the registered office address	agree to act in	this capacity. I further garge to comply with the

notified in writing of this change.

David Coverts David Roberts - Assistant Secretary

Signature of Registered Agent