NAI CCCCC14CHH

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Supplied Instrumental Dilling Officers
Special Instructions to Filing Officer:

Office Use Only



000390683580

07/15/22--01017--009 **25.60



COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations					
SUBJECT: ADIA LOGISTICS LLC					
Na	me of Limited	Liability Company	<u></u>		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change an	d fee(s) are submitted for filing.			
Please return all correspondence concerning to	his matter to the	following:			
Melissa Jones					
Name of Person					
ZenBusiness Inc.					
Firm/Company					
336 E. College Ave. Suite 301				2022	
Address				2022 JUL 15	6,5
Tallahassee, FL 32301			TO THAT SEE FI	-5	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		m,	AH II: 50	
ra@zenbusiness com			77.	: 50	
E-mail address: (to be used for future an	nual report noti	fication)			
For further information concerning this matter	r, please call:				
Melissa Jones	844 at (493-6249			
Name of Person		Area Code & Daytime Telep	hone Number	r	
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. St Tallahassee. FL 32303			
Enclosed is a check for the following	g amount:				
□ \$25 Filing Fee	- 5	☐ \$55 Filing Fee & Certified Copy			

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.	Na	ume of the limited liability company: ADIA LOC	GIST	ICS LL	C			
2. (a)	13009 ODESSA TRAIL		(b) 13009 ODESSA TRAIL				
2. (٠,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·	Mailing address of (Note: MAY BE	limited li	izbility co	ञाकुश्वापु:
		UNIT 24		UNIT	24			
		WELLINGTON, FL 33414		WELL	INGTON	, FL	334	14
		01/05/2021	_	L2100	0017044			
3.		Date of filing/registration in Florida	4.		Document num	ber		
5.	(a)	Registered Agents Inc.			_			
		Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of State	e :		2	
		7901 4th St N			_	-	2022 JUL	
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRE!	<u>ක</u>	-		JUL	
		STE 300				H.	5	The second
		St. Petersburg , FL	33702		-	ALLAHÀSSER!	AM II:	<u>M</u>
C	b)	ZenBusiness Inc					ll : 50	
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:				
		336 E. College Ave.						
		NEW Registered Office Address:			-			
		Suite 301			_			
		Tallahassee, FL	32301		_			
char ager was	ge it w	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility of f the lii	red office and ompany, it is nited liability	I the business of hereby confirm company or as	ffice of red that	the reg	istered mge(s)
	_	hahmet Gordon		nahmet G	- /			
Sig	pat	ure of a member or authorized representative of a member	_	<u></u>	Printed or typed n	ame of si	gnee	
I he prov the c to m notij	rel isi ere i e a	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been a change in the registered office address, I have been a change in the registered office address, I have been address and the change.	ee to ac perform I for in sereby c	t in this capa nance of my a Chapter 60S, confirm that t	ncity. I further a duties, and I am , F.S. Or, if this the limited liabil	agree to familia i docum lity com	o compl ir with in nent is b ipany h	y with the and accept seing filed as been
Sign	<u>IU</u> altu	re of Registered Agent						