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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 : (855)330-1010

**Enter the email address for this business entity to be used for fit annual report mailings. Enter only one email address pleases **

Email Address:

LLC REGISTERED AGENT CHANGE JJKAJO LOGISTICS 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. Na 2. (a) | ime of the limited liability company: JJKA | JO LOGI | STICS LLC | | |
|------------------------|---|---|---|--|--|
| (a) | Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | | Mailing addre | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 7901 4th St N STE 300 | | 2121 Biscayne Blvd #1348 | | |
| | St. Petersburg FL | | Miami Florida 33137 | | |
| | 02/26/21 | | L21000095040 | | |
| 3. | Date of filing/registration in Florida | 4, | Document | number | |
| 5. (a) | OKUMU, JEDDY | | | | |
| (, | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | VA = 2 | |
| | 2951 NE 7TH AVE | | | 322 1 SEI- | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | ! | AT AR | |
| | С | | | FILED 2022 MAR 22 P SELINI HANT D TALL AMASSEE | |
| | POMPANY BEACH | _{FI} _33064 | · | က်ပြေ 🗩 🗗 | |
| (b) | Registered Agents Inc. | | | # 9: 38 FLORID | |
| (<i>u)</i> | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | Iress: | 7 | |
| | 7901 4th St N | | | | |
| | NEW Registered Office Address: | | | | |
| | STE 300 | | | | |
| | St. Petersburg | _{FL} 33702 | | | |
| the cha agent was/w | limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the men icles of organization or the operating agreement | fress of the regu nited liability co mbers of the lim | stered office and the o impany, it is hereby content ited liability company | onfirmed that the change(s) | |
| | Rilly Tak | | ey Park | | |
| Signa | nture of a member or authorized representative of a membe | Printed or typed name of signee | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent