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COVER LETTER

SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: ______ The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chelsea Chapman Name of Person Legaline Corporate Services, INC. Name of Firm/Company 1060! Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chelsea Chapman Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallabases EL 22214

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15, Florida Statutes, the un-	dersigned,	
Legaline Corporate Services, INC.			, hereby resigns as	
Name of Registered Agent				
Registered Agent for 1	JNIBALL LOGIST	FICS L.L.C.		
	Name of Li	imited Liability Company		
1.21000367281				
Document N	umber, if known			
A copy of this resignation	on was mailed to the	above listed limited liabilit	ty company at its last know	wn address.
The agency is terminate	ed and the office disco	ontinued on the 31st day at	ter the date on which this	statement is filed.
		Matterson Signature of Resigning Ager	nt .	
If signing on behalf of a	nn entity;			·- 3
	·	Zachary Mathewson		2022
		Typed or Printed Name		世紀
	On Behalf of Legali	ne Corporate Services, INC.		= 1
		Capacity		WILL PH TARKSE
	FILING \$ 85.00 • \$ 25.00		lved/voluntarily dissolve	2022 HOW ILL PH 1: 13 SUMETABLY OF STATE SUMETABLY OF STATE

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314