## 122000141423

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

TO?

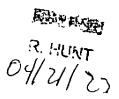
Office Use Only



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## COVER LETTER

Division of Corporations
SUBJECT: Coadel Logistics Lability 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 matter to the following:
Susanne Cogal   Namy of Person  Cogal   Lagistics   LC  Firm/Company  17760 NW Cardina   Dr.  Address  Blowntstown F/ 32424  City/State and Zip Code
Susume in ade 1/1975@ mai/. Com E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Susane Code at 904 ) 496 - 5075  Name of Person at 904 ) 496 - 5075  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
12 \$25 Filing Fee Money Order 1 \$55 Filing Fee & Certified Copy
INHS18 (2/14) 4 / 18/93

## 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	me of the limited liability company: Logdel Logistics	LLC				
2.	(a)	17760 NW Cardinal Drive (6) 17760	NW Cord	inst	Drive		
	<b>(</b> <i>r</i>	Principal office address of limited liability company: Note: MUST BE STREET ADDRESS)	failing address of limite (Note: MAY BE POS				
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		DIOUNISTAWT), 11. 32929 DIOUNT	) 10 (an / 11.	<u>.221</u> 0	ζ4		
				<del></del>			
		4/24/22	000/4/42	7			
3.		Date of filing/registration in Florida 4.	Document number	<u>.                                    </u>			
5	(a)	Legal Zoom					
٠٠.	(11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		476 Riverside Ave					
		Jacksonville FL 32202	• . <del>-</del>				
		Susanne Condell		.3 [N)	** .		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	<sup>-</sup> .	Р	4-1-1		
		<b>y</b>	2010) 1477 247	PH 2			
		17760 NW Cordinal Drive	产者	<del></del>			
		NEW Registered Office Address.					
		Rlount stown FL 32424					
				24			
the	cha	mited liability company is not organized under the laws of the State of Flo nge or changes are made, the Florida street address of the registered office	and the business of	fice of	the registered		
		vill be identical. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited liability					
the	arti V	cles of organization or the operating agreement of the limited liability com	pany.	′/			
78	A.A.	ure of a member of authorized representative of a member	Printed or typed name	of signee			
Thereby accent the appointment as registered agent and agree to act in this canacity. Thereby agree to comply with the							
pro the	ovisi obl	ons of all statutes relative to the proper and complete performance of my a igations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address. I hereby confirm that the	luties, and Lam fam F.S. Or, if this doc ha limita Plakilin	uliar wi zument	th and accept is being filed when binn		
noi	nere Liftat	In writing of this change. $M$	не атиса натину (	. ompari	y nas veen		
Sig	natii	re of Registered Agent 1/8/2					