(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
<u>-</u>						
J. HORNE						
JUN - 5 2023						
2023						





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2029 JUN-2 PM 3: 35

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 762812 7494445

AUTHORIZATION :

COST LIMIT : \$ 25,00

ORDER DATE: May 22, 2023

ORDER TIME : 2:26 PM

ORDER NO. : 762812-112

CUSTOMER NO: 7494445

CHANGE OF AGENT

NAME: NANIQ GLOBAL LOGISTICS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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: NANIQ GLOBA	L LOGI	ISTI	CS LLC	
2. (a)	6510 FOX RUN WAY		(b) 6510 FOX RUN WAY		
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing	address of limited liability company: MAY BE POST OFFICE BOX
	ANCHORAGE, AK 99502		-	ANCHORAGE,	AK 99502
	04/20/2022		L	22000189212	
3.	Date of filing/registration in Florida	_ 4.	_	Docun	nent number
5. (a)					
` ,	Registered Agent and Registered Office shown on the records of GARCIA, MELANIE		iđa E	lept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE.	<u>(SS)</u>		
	1400 ST CHARLES PLACE #512				
	PEMBROKE PINES	33026	 }		7 2
	FL.			<u> </u>	[7] ! ! 2023 JUH -2 SECRETAKO ALLAHASSI
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	addr	ess:	SS: -2
	Corporation Service Company				
					
	NEW Registered Office Address: 1201 Hays Street				5
	TEOT Flays direct				8
	Tallahassee , FL	32301			_
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the li limited	red com mite Hial	office and the bupany, it is herebyed liability compositity company.	usiness office of the registered y confirmed that the change(s) any or as otherwise provided in
Ciana	Xee & Come	Jil —	l Cil	mi, Authorized P	
_	ture of a member or authorized representative of a member				or typed name of signee
provisi he obl o mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I lead in writing of this change.	ree to ac perform d for in hereby (ct in nan Chi conj	this capacity. I se of my duties, a upter 605, F.S. (irm that the limi	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been
Signatur	re of Registered Agent				
Gra	ce E. Kirby, Asst. Vice President				
	Division of Corporations P.O. I	Box 631	27●	Tallahassee, FI	. 32314

Division of Corporations P.O. Box 6327 Tallahassee, FL 3231-FILING FEE: \$25.00