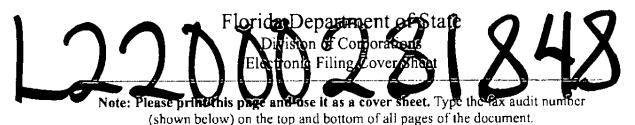
To:

Division of Corporations



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Enter the email address for this business entity to be used for futurem annual report mailings. Enter only one email address along the second of the second

Email Address:\_\_\_\_

LLC REGISTERED AGENT CHANGE MPC LOGISTICS SIXTEEN, LLC

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M. SOLOMON

OCT 18 2024

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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.

I. Na	ame of the limited liability company: MPC LOGISTI	CS SIXTE	EN, LLC				
2. (a)	189 S ORANGE AVE		(b) 189 S ORANGE AVE				
<b>-</b> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	ORLANDO, FL 32801		ORLAND	O. FL 32801			
	06/22/2022		1220002818	348			
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)	CORPORATE CREATIONS NETWORK INC.						
	Registered Agent and Registered Office shown on the records of 801 US HWY   N	of the Florid	la Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	्र १ <u>१ ई</u>	;; <u>,                                   </u>	2024	
	PALM BEACH, FL , F	L_33408		2024 OCT 18			
(b) _	C T Corporation System				(0.7) (0.7) (0.7)		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			-		M 2:54	
	NEW Registered Office Address:			_		•	
	1200 South Pine Island Road			-			
	Plantation, F	L_33324		_			
the cha agent v was/wo	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability c of the line limited	istered office ompany, it is nited liabilit liability con	e and the busing s hereby confiri y company or a	ess office omed that the sound is otherwise	of the r ne char	egistered ge(s)
- Ci	Signature of a member or authorized representative of a member			Printed or typed name of signee			
I herel provisi the ohl to mere notified By:	by accept the appointment as registered agent and agins of all statutes relative to the proper and completing in the proper and completing at its change in the registered agent as providing the state of the change.  C. T. Corporation System  To of Registered Agent SEANL EMERICK ASSISTANT SECRETARY	gree to ac le perfori led for m I hereby c	et in this cap nance of my Chapter 60; confirm that		-		with the od accept ing filed x heen

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FH.ING FEE: \$25.00