10/8/24, 5:10 PM

Division of Corporations

Florida Department of State

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (614)573-3996

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LEC REGISTERED AGENT CHANGE **ECTTRANSPORTATION 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. Name of the limited liability company: ECT Transportation LLC					
2. (a)		(b	4		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. N	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	5817 Commerce Rd.		2150 E. Lal	ke Cook Rd., Suite 1010	
	Milton, FL 32583		Buffalo Gro	ove, IL 60089	
	09/13/2022		L220004004	52	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Charles R Smith				
J. (a)	Registered Agent and Registered Office shown on the records of 5817 Commerce RD	the Florida	Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	Milton FI	32583			
(b)	C T Corporation System				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>ress</u> :	2524 000 2-9	
	NEW Registered Office Address:			<u>.</u>	
	1200 South Pine Island Road				
				5; [2]	
	Plantation , FL	33324		·· **	
the cha agent v was/we the arti Signa I here provise the obli to merci	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the large of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If the organization system	the regis ability co of the limi limited li Mani ree to act performa d for in C hereby co	tered office inpany, it is ted liability comes in this capa ince of my a hapter 605, nfirm that to	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee activ. I further agree to comply with the futies, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
By: Signatu	ne of Registered Agent	Sandra 2	Iwijack, Ass	sistant Manager	