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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future 

Email	Address:					
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## LLC REGISTERED AGENT CHANGE NORTHLANTIC LOGISTICS LLC

Certificate of Status	0
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K. SALY

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11/23/2024 C3:33:27 PST To: 18506176383 Page: 2/2 Fax: 9134365206

## 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.	Nai	ne of the limited liability company: NORTHLANT	ric Logistic	CS LLC	
2. (a)		7901 4th St N  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 7901 4th St N  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		STE 300	STE 300		
		St. Petersburg, FL 33702	St. Petersburg, FL 33702		
		10/24/2022	<u>L2200</u>	00456767	
3.		Date of filing/registration in Florida	4.	Document number	
5. (		BLICHT, GLENN			
		Registered Agent and Registered Office shown on the records of t	the Florida Dept. o	! State:	
		101 E CAMINO REAL			
		Registered Office Address (MUST BE FLORIDA STREET A	. 20		
		APT 931			
		BOCA RATON , FL	33432	TICAHASSET FLORID	
(b) .	) <u> </u>	Northwest Registered Agent LLC		SSET	
	]	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ب براند پن	
		7901 4th St N		0210	
		NEW Registered Office Address:			
		STE 300	······································	<u> </u>	
		St. Petersburg FL	33702		
the c agen was/ the a	har t w wer rtic	nited liability company is not organized under the lavage or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lize authorized by an affirmative vote of the members of les of organization or the operating agreement of the	vs of the State of the registered of ability company of the limited lia	office and the business office of the registered to it is hereby confirmed that the change(s) bility company or as otherwise provided in	
<u>/ i</u>		The of a member or authorized representative of a member		Nat Smith Printed or typed name of signee	
I heaprov the o	rebj isio blie erel	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete gations of my position as registered agent as provided y reflect a change in the registered office address, I fin writing of this change.  Taylor Newman - Assistant Secre	performance of d for in Chapter hereby confirm	capacity. I further garee to comply with the	
Sign	aturç	of Registered Agent	•		