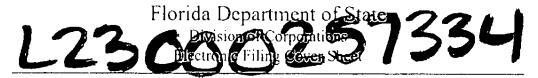
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TOP PRO ACCOUNTING INC

Account Number : I20230000127 Phone : (786)280-4893 Fax Number : (786)304-2527

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

m - 4 1	Address:	sales@toproaccounting.com	
·maıı	ADDERES:	32.35 C. (55. 0000001111119.00111	

## LLC REGISTERED AGENT CHANGE INAO LOGISTICS LLC

Certificate of Status	0
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Page Count	02
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AUG 23 2023

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From Top Pro Accounting Inc.

lo: +18506176383 Fax: (786) 304-2527 2012

## 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.

a) _	6303 BLUE LAGOON DRIVE	Œ	(b) P.O. BOX 226371			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of his ( <u>Note: MAY BE P</u>	•		
	SUITE 400			<u>-</u>		
	MIAMI, FL 33126		DORAL, I	FL 33222		
	05/25/2023		L23000257.	334		
	Date of filing/registration in Florida	4.		Document numb	er	
a)	UALLY BUSINESS ELC					
-	Registered Agent and Registered Office shown on the records of 4586 EAGLET LN	of the Florida	i Dept. of Stat	e.		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u></u>	-		
		T <u>ADDRESS</u>	D	-		
o)	WICCIAIA (E)E		<u> </u>	-	2023	
b) -	KISSIMMEE , I	.L <u>34746</u>		-	2023 AUI	
b) -	KISSIMMEE	.L <u>34746</u>		-	2023 AUG 22	FILE
")	KISSIMMEE	.L <u>34746</u>		-	2023 AUG 22 PH	FILED
")	KISSIMMEE I TOP PRO ACCOUNTING, INC. Enter name of NEW Registered Agent and/or NEW Register 8350 NW 52nd Terrace	.L <u>34746</u>		-	2023 AUG 22 PM 12: 4-6	FILED

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		- 1				,		 -

KARINA GONZALEZ

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment us registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Geanny Ibarbia Signature of Registered Agent

Joanny Ibarbia