

Aug 21, 2023 8:52 (UTC-04)
To: (850) 617-6383
8/21/23, 8:56 PM

From: 17863042527 (JOANNY BARBIA)
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From: Top Pro Accounting, Inc.
Division of Corporations

To: 18506176383
Fax: (786) 304-2527

1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TOP PRO ACCOUNTING INC
Account Number : 120230000127
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.

Email Address: sales@toproaccounting.com

LLC REGISTERED AGENT CHANGE
INAO LOGISTICS LLC

Certificate of Status	0
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Page Count	02
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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: INAO LOGISTICS LLC

2. (a) 6303 BLUE LAGOON DRIVE (b) P.O. BOX 226371

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

SUITE 400

MIAMI, FL 33126

DORAL, FL 33222

05/25/2023

L23000257334

3. Date of filing/registration in Florida

4. Document number

5. (a) GALLY BUSINESS LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

4586 EAGLET LN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

KISSIMMEE, FL 34746

(b) TOP PRO ACCOUNTING, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

8350 NW 52nd Terrace

NEW Registered Office Address:

Suite 301

Doral, FL 33166

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Karina Gonzalez Ortega
Signature of a member or authorized representative of a member:

KARINA GONZALEZ
Printed or typed name of signer

I hereby accept the appointment as 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.

Joanny Ibarbia Joanny Ibarbia
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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AND
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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS