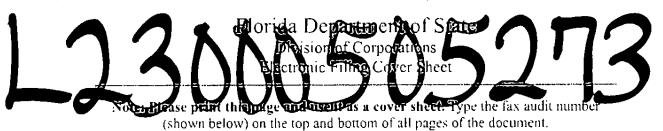
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From:

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

Finter the email address for this business entity to be used for future.

LLC REGISTERED AGENT CHANGE PARK 52 LOGISTICS, LLC.

Certificate of Status	0
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M. SOLOMON

OCT 1.8 2024

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

2024-10-18 08:50:01 CST

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. N	ame of the limited liability company: PARK 52 LOGIS	STICS, LI	_C					
2. (a)	189 S ORANGE AVE	a	(b) 189 S ORANGE AVE					
2. (1.)	Principal office address of limited liability company: (Nutc: MUST BE STREET ADDRESS)		.,	Mailing address of to (Note: MAY BE)	imited habili			
	ORLANDO, FL 32801	_	ORLAND	OO, FL 32801				
	11/07/2023		L23000505	273				
3.	Date of filing/registration in Florida	4.		Document num	ber			
5. (a	CORPORATE CREATIONS NETWORK INC.							
2. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 801 US HWY 1/N			- 1e.				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES:	<u>s)</u>			2024 OCT 18	1.Pyto	
	PALM BEACH, FL., FI	33408		_	177 125 ft 5 27 ft 7	CT 11	ही हैं स्टाउटक स्टाउटक	
(b) .	C T Corporation System				28.05 28.05 28.05	8 P#		
	Enter name of NEW Registered Agent and/or NEW Registered	i Office ad	dr ess :		STATE	2: 57	O	
	NEW Registered Office Address:	<u>.</u>		-				
	1200 South Pine Island Road			_				
	Plantation, F1	33324		_				
the ch agent was/w	fimited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reginability control the limited	stered officompany, it inted liability con	e and the busines is hereby confirm ty company or as	ss office o red that the	f the re e chang	gistered (c(s)	
Sign	Signature of a member or authorized representative of a member			Printed or typed name of signee				
provis the ob to me) notifie By:	thy accept the appointment as registered agent and agenous of all statutes relative to the proper and complete ligations of my position as registered agent as provide reference of the change in the registered office address. I led in writing of this change. CT Corporation System CT Corporation System	ree to ac perforn d for in hereby c	t in this cap ance of my Chapter 60, onfirm that	oachy. I further o duties, and I am 5, F.S. Or, if this the limned liabi	agrec to co familiar w k documen lity compa	omply with an t is her tny has	vith the Laccept ng filed heen	

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