## L24000256766

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:09/	12/2024			
Name:	Patrice Rush	_		
Reference #:	2493333			
Entity Name:	POWER DESI	GN LOGISTICS, LLC		
Articles of	Incorporation/Authorization	ı to Transact Business		
☐ Amendme	ent			
Reinstatement				
☐ Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized Amou	int: \$25.00			
Signature: Two Communications and the signature of the si				

P: 800.221.0102

F: 800.944.6607

## 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. 1	lame of the limited liability company:	Power Design Logistics, LLC		
2. (a)	11600 Ninth Street North St. Petersburg, FL 33716	(b)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	06/07/2024			
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	)			
,	Registered Agent and Registered Office shown on the records of th	se Floriđa Dept. (	of State:	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	<u> </u>	
		_		
	, FI			
-1	Canada Claballa		0 × 0	
(h)	Cogency Global Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:		MH 8: OF STA	
		_	ATE	
	115 North Calhoun Street, Suite 4			
	NEW Registered Office Address:			
	Tallahassee , Fig.	32301		
the cl agent was/v	limited liability company is not organized under the laws hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the I	he registered bility compan the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
			dden, Representative	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	

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.

/s/ Constance Lawson Assistant Secretary

Signature of Registered Agent