L24000323173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





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08/07/24--01007--011 **55.00

2024 AUS -7 AMTH: 32

Ra Change

F5CUDDER e Commitment Logistico. US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Scubber at (305) 587 · 4/80

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

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: Commitment Cogistics Solvitors, UC.
2. ((Note: MUST BE STREET ADDRESS) (b) Commitment Cogistics Solvings LLG (c) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1845 TOWN CENTER Blue, STEZOS 1845 Town Center Blud, STEZOS
	Fleming Island, 51 32003 Fleming Island, FL 32003
	224000327173
3.	Date of filing/registration in Florida 4. Document number
5.	(a) VICTORIA SCUDDER Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	107 Lucy C'lla LANC
	_Polotka ,FL 32177
	2024
(b) Enter name of NEW Registered Agent and/o NEW Registered Office address:
-	Enter name of NEW Registered Agent and/o NEW Registered Office address:
	NEW Registered Office Address:
	1845 Town Cerran Blud, Sulta 205 18
	Fleming Island FL 32003
If th	te limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
agei	nge or changes are made, the Florida street address of the registered office and the business office of the registered at will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company.
"[/	and the soft of gamzanon of the operating agreement of the minica rabinly company.
$-I_{Si}$	gnature of a member or authorized representative of a member Printed or typed name of signee
prov the c to m	creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed herely reflect a change in the registered office address. I hereby confirm that the limited liability company has been feel in writing of this change.
Skr	nature of Registered Agent