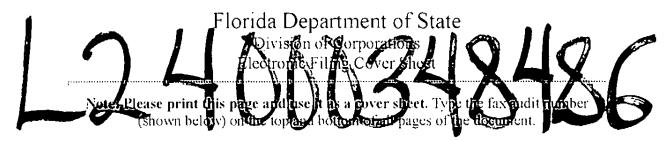
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Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

LLC REGISTERED AGENT CHANGE TSS LOGISTICS INTERNATIONAL LLC

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M. SOLOMON

SEP 1 1 2024

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Help

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. 8	Same of the limited liability company: TSS LOGISTICS	S INTERNAT	IONAL LLC	
2. (a	3670 MAGUIRE BLVD STE 104	(b) 3	670 MAGUIRE BLVD STE 104	
2. (4.	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(5)_	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	ORLANDO, FL 32803	<u> </u>	PRLANDO, FL 32803	
	08/08/2024		4000348486	
3.	Date of filing/registration in Florida	4.	Document number	
5. (¿	MEAH, SANJAR DANIEL			
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3670 MAGUIRE BLVD STE 104 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u></u>	
	ORLANDO FI	32803	2024 SEP 11 SECRETARY TAIL AND	
(b	WILLIAM R. LOWMAN, JR. ESQ.		SSS M	
(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address			
	SHUFFIELD, LOWMAN & WILSON, P.A.		A S	
	NEW Registered Office Address	·•		
	1000 LEGION PLACE, STE 1700			
	ORLANDO FI	32801		
ehang agent was/v the ar	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ijar Mean	registered o ability compa of the limited limited liabi	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
	stifeps, rose (sees or) lature of a member or authorized representative of a member		Printed or typed name of signee	
provi the oi to me notifi	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I led in writing of this change.	ree to act in t performance d for in Chaj hereby confii	his capacity. I further agree to comply with the 3 of my duties, and I am familiar with and accept ofer 605, F.S. Or, if this document is being filed rm that the limited hability company has been	

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