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Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From: Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
MAGUSA LOGISTICS, LLC

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K. SALY

DEC 19 2024

**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: MAGUSA LOGISTICS, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

10875 NW 33RD STREET

DORAL, FL 33172

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

10875 NW 33RD STREET

DORAL, FL 33172

11/21/2024

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3. Date of filing/registration in Florida

4. Document number

5. (a) MAGUINA, ROSA C

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10875 NW 33RD STREET

DORAL, FL 33172

C T Corporation System

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33524

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.

DecuSigned by

Rosa Maguina

Rosa Maguina

E075542075A4476

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.

By: C T Corporation System

Sandra Zwijack, Assistant Secretary

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**

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