11/03000002918

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Account#: 120000000088

Date:	12/13/2018	
	Merritt Walker	_
Reference	#:2241461	_
		NLOADING SERVICES, LLC
	cles of Incorporation/Authorization	to Transact Business
☐ Am	endment	
✓ Cha	ange of Agent	
Rei	nstatement	
☐ Cor	nversion	
☐ Mer	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	er	
Authorized	d Amount: \$25	
Signature:	lull	

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, 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: ROGERS-F	REMIER UNLOADIN	IG SERVICES, LLC	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	y: 3801 SUNSET AVENUE		
Troit Most Mi villes 1 122 Com	ROCKY MOUNT, NC 27804		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 7927	100 C	
	ROCKY MOUNT, NC 27804	\ \	
September 2, 2003	M03000002918	<u> </u>	
3. Date of filing/registration in Florida	4. Document number	6	
5. (a) Registered Agent and Registered Office shown or	the records of the Florid	da Dept. of State	
Registered Agent:	C T CORPORATION SYSTEM		
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 3332	24	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	COGENCY GLOBAL		
NEW Registered Office Address:	115 North Calhoun St., Suite 4		
(MUST BE FLORIDA STREET ADDRESS)	Taflahassee	FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a number or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a my pand I am familiar	Florida street address of ntical. Or, in the case of s) was/were authorized by vise provided in the artic	the registered office a Florida limited by an affirmative vote of les of organization or	
address, I hereby confirm that the limited liability compa	ny has been notified in w	riting of this change.	

Signature of Registered Agent Tim Mayville, Assistant Secretary

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