MU6000001336

· (Re	equestor's Name)	·			
(Address)					
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B. KOHR

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EXAMINER





ACCOUNT NO. : 072100000032 REFERENCE : 395818 7626154 AUTHORIZATION COST LIMIT ORDER DATE: January 10, 2008 ORDER TIME : 10:49 AM ORDER NO. : 395818-015 CUSTOMER NO: 7626154 CHANGE OF AGENT NAME: HEGELE LOGISTIC, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	ed liability company is	HEGELE	LOGISTIC, LLC	
2. The mailing address o				•
1460 Brummel Aven	ue, Elk Grove Villa	ge, IL 6000	7	
March 06, 2006			M06000001336	
3. Date of filing/registration in Florida			4. Document numbe	r
5. The name of the register Florida Department of	State:			he records of the
	C T Con	rporation Sy	stem	题》
	1200 Sout	Name h Pine Islan	d Road	SET B
	-	Address		True Contraction
Plantation, FL 33324				OFF OF
	• 1	State and Zip		<u>G</u> m
6. The name and address	of the new registered a	gent and/or of	fice:	V
	Corporation	Service Co	mpany	
	1201	Name Hays Street	·	
	Florida street addres	s (P.O. Box N	OT acceptable)	
	Tallahassee	FL	32301	
	City, S	State and Zip		
If the limited liability con confirmed that after the cl and the business office of liability company, it is her of the members of the lin or the operating agreement.	nange or changes are not the registered agent w	nade, the Flori ill be identical	da street address of the Case of a	he registered office
(Signature of a member or author	zed representative of a memb	er)		
((:1:	2-ev			
(Printed or typed name of signee)				
I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the address, Phèreby confirm (Signature of Registered Agent)	azu			ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
	Amy Gudgel, Asst.			314

FILING FEE: \$25.00