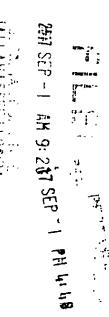
M07000003364

(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:
<u>. </u>

Office Use Only



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SEP OF PRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO	. :	12000000	0195	
	REFERENCI	≅ :	761289	7182077	
	AUTHORIZATIO	N :	Louds		
	COST LIMIT	Γ :	\$ (25.00	Renan	,
ORDER DATE :	August 9, 2017				
ORDER TIME :	3:52 PM				
ORDER NO. :	761289-430				
CUSTOMER NO:	7182077				
	FOREIGN	FILI	NGS		
NAME:	COASTAL TRAI LLC	NSPOR	T LOGISTI	CCS,	
	E PARTNERSHIP LIABILITY COMPA	YMA			
XXXX AMENDMENT					
PLEASE RETURN	THE FOLLOWING A	AS PR	OOF OF FI	LING:	
XX PLAIN	IED COPY STAMPED COPY ICATE OF GOOD S	STANE	DING		

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of New Registered Agent:			
 If amending the registered agent and/or registered officer address on our records, enter the n registered agent and/or the new registered office address here; 	ame of the new		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in F copy of the written consent of the managers or managing members adopting the alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	lorida and attach a z. The alternate name		
5. New name of the limited liability company: (must contain "Limited Liability Company, " "L.	L.C.," or "LEC.")		
SECTION II (5-9 complete only the applicable changes)			
4. Date authorized to do business in Florida: 06/04/2007			
3. Jurisdiction of its organization: Delaware	SEP -		
2. The Florida document number of this limited liability company is: M07000003364	ZEN S		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal office address, if applicable:			

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.

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio			
MGR	Robert Fox	502 East Bridgers Avenue				
		Auburndale, FL 33	823 Remov			
MGR	Michael P. Ryan	502 East Bridgers Ave	enue Add			
		Auburndale, FL 33	823 Remov			
MGR	Steven Reid	322 Grange Rd.	Add			
		Port Wentworth, GA 31	407 Remov			
MGR	Steven Reid	502 East Bridgers Aver	nue 🖪 Add			
		Auburndale, FL 338	323 Remove			
		-	Add			
			Remov			
aforementio	under the law of which this end is obea signature of the control o	y the official having custody of records in				