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(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:						

Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: October 6, 2020

Order#: 433649-012

Re: CMA CGM (AMERICA) LLC

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

	ne of the limited liability company: CMA CGM (AME)		(b) 5701 LAKE WRIGHT DRIVE			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability ((Note: MAY BE POST OFFICE		
	NORFOLK, VA 23502		NORF	FOLK, VA 23502		
	02/26/2008		M0800	0000924		
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number		
	Registered Agent and Registered Office shown on the record	State:				
	Registered Office Address (MUST BE FLORIDA STRE	<u>. </u>				
	PLANTATION	, FL_33324	1	 		
(b)	Enter name of NEW Registered Agent and/or NEW Regist Corporation Service Company	tered Office	address:		.; .; .;	
	NEW Registered Office Address: 1201 Hays Street					
	Tallahassee	, FL_32301	1			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	e laws of the registed liability ers of the limited	ne State of ered office company, imited lial d liability	e and the business office of the re , it is hereby confirmed that the cl bility company or as otherwise pr	gistered hange(s)	
Signa	ture of a member or authorized representative of a member	. —	ii Oiiiii, Ai	Printed or typed name of signee		
I herei provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to a lele perfor vided for ir s, I hereby	ect in this e mance of a Chapter confirm to	canacity. I further agree to comi	ply with the and accept being filed has been	
Signatu	re of Registered Agent		Grace E.	Kirby, Asst. Vice President		