

M09000002920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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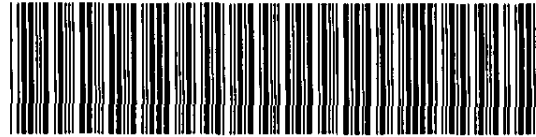
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SEP 17 2012

**EXAMINER**



900238194949

RECEIVED  
DEPARTMENT OF STATE  
12 SEP 14 AM 10:57

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 14 AM 11:06



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : I20000000195

REFERENCE : 335885 4807684

AUTHORIZATION :

COST LIMIT : \$25.00

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 SEP 14 AM 11:10

ORDER DATE : September 5, 2012

ORDER TIME : 10:20 AM

ORDER NO. : 335885-107

CUSTOMER NO: 4807684

CHANGE OF AGENT

NAME: NFI NETWORK LOGISTIC  
SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

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. Name of the limited liability company: NFI NETWORK LOGISTIC SOLUTIONS, LLC

2. (a) Principal office address of limited liability company: 71 West Park Avenue  
Vineland, NJ 08360

(Note: **MUST BE STREET ADDRESS**)

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

07/29/2009

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road  
Plantation FL 33324

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

**NEW** Registered Agent:

Corporation Service Company


**NEW** Registered Office Address:

1201 Hays Street

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

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.

  
(Signature of a member or authorized representative of a member)

Maureen Cathell, Attorney, Authorized Person  
(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 608, 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   
(Signature of Registered Agent) Corporation Service Company

Grace E. Kirby, AVP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00