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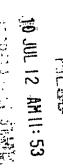
(Re	questor's Name)	·	
(Ad	dress)	-	
( <b>A</b> d	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL .	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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S. HAWKES

JUL 1 3 2010

EXAMINER

## **COVER LETTER**

Registration Section

., Division of Corporations	
SUBJECT: Fost Cosst Name of Limit	Courier and Losistics ed Liability Company  LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this is	natter to the following:
14476-102 Du Firm/Company	vel Place west
Address	· .
Jackson L-1) ( F. City/State and Zip Code 3:	2218-
Eccourier 53 E-mail address: (to be used for future annual report notifical	_
For further information concerning this matter, pl	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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.

agent, or both, in the State of Florida.
11. Name of the limited liability company: Fig. + Coust Course And
2. (a) Principal office address of limited liability company: Logistics LLC
(Note: MUST BE STREET ADDRESS)  14476-102 D-v-1 Place
(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX) 16 Win dermere De
2-8-10 M 100000000
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: Les La1
Registered Office Address: 2541 Ny 9 155
C-c., es. 1/e 1/2 / 2/2 / C
(b) Enter name of NEW Degistered Agent and/or NEW Degistered Office address.
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent:
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  U + 16
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
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 statules 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 perchy confirm that the limited liability company has been notified in writing of this change.
Signature of Registered Agent
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**