## M11000004760

(Requestor's Name)							
(Address)							
(Address)							
(C	ity/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificate:	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



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2017 APR 21 PH 3: 44
SECRETARY OF STATE
TATE ANASSES FOR DRIP

K. SALY APR 24 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: April 19, 2017

Order#: 582885-003

Re: AMERICA 1 LOGISTICS LLC

Enclosed please find:

XX 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: Ashley Seeman c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

## 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.

1.		me of the limited liability company: AMERIC	CA 1 LOG				
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_ (b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Valparaiso IN 4638	5	-			
		09/21/2011			M110000	<del> </del>	
3.		Date of filing/registration in Florida		4.		Document number	
5.	(a)	CT Corporation System	·=			<u>_</u> .	
		Registered Agent and Registered Office shown on the re	ecords of the	e Florida l	Dept. of Stat	e:	
		1200 Pine Island Rd				_	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				SET TALL	
		Plantation	, FL	33324		MITAPR 21 PH 3 SECRETARY OF ST	
	(b)	(b) Corporation Service Company					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>			ress:	PR 9 F	
		1201 Hays Street  NEW Registered Office Address:					
		Tallahassee	, FL	32301	<del></del>	-	
the age wa	e cha ent w s/we	mited liability company is not organized under nge or changes are made, the Florida street adwill be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the mechanical or the operating agreement of the companization of the companization or the compani	ldress of the mited liab embers of	he regist bility cor the limi mited li	ered office npany, it i ted liabilit ability con	e and the business office of the registered s hereby confirmed that the change(s) cy company or as otherwise provided in	
_	Signat	use of a member or authorized representative of a memb	er	0111 0	in rii, r tatric	Printed or typed name of signee	
pro the to no	ovisie e obli mere tified	valuept the appointment as registered agent on a fall statutes relative to the proper and cigations of my position as registered agent as ly reflect a change in the registered office add in writing of this change.	omplete p provided dress, I he	erforma for in C ereby co	nce of my hapter 60: nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been rby, Assistant Vice President	
		2		ć2 <b>.</b>			