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SECRETARY OF STATE ALLAHASSEE, FLORIDA 2018 JAN 20 P 1: 09

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 18, 2016

Order#: 940064-013

Re: NEOVIA LOGISTICS SERVICES, 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: Lindsey Lockard 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 cur 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.

Name of the limited liability company: NEOVIA LOGISTICS SERVICES, LLC					
2	(a)	6363 NORTH STATE HIGHWAY 161	(b)		
	(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		IRVING T> 75038			
		10/04/2011	M110000	005156	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T CORPORATION SYSTEM			
٥.	(a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Sta	ile:	
		1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
				_	
		PLANTATION ,FL	33324		
	(b)	Corporation Service Company		ZIN J SECR	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	JAN 20 ARETARY	
		1201 Hays Street			
		NEW Registered Office Address:		P : 0q	
		Tallahassee, FL_	32301	_	
th ag wa	e cha ent v as/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ys of the State of F the registered office bility company, it f the limited liabilith limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
	Ciana	urry of a nymber or all thized representative of a member	Dona Priebe,	Authorized Person Printed or typed name of signee	
I pr th to no	herei ovisi e obl mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The Agent Corporation Service Company	performance of my I for in Chapter 60 vereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00