-	Division of Corporations Electronic Filing Cover Sheet					
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## AMERICAN FREIGHT MANAGEMENT COMPANY, LLC

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## 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.

i	Name of the limited liability company:	AMERICAN FREIGHT MANAGEMENT COMPANY, LLC
· · ·	stance of the minice haoring company.	

2. (	aì	No Change	ն	)	No Change		
2. ,	,	Principal office address of finuted fiability company: ( <u>Note: MUST RE STREET ADDRESS</u> )		′ -	N	failing address of limited hability company: (Note: MAY BE POST OFFICE BOX)	
				-			
		07/22/2015		М	150000058	107	
3.		Date of filing/registration in Florida	4.	_		Document number	
	<i>(.</i>	INCORP SERVICES, INC.					
5.	(81	Registered Agent and Registered Office shown on the records of th	ie Florida	D	ept of State	<b>28</b>	
		17888 67TH COURT NORTH				<b>21 C</b>	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				NIAISION OL -8	
		LOXAHATCHEE, FL	33470			AH IO: 1	
1	(b)	C. F. Corporation System				0: <b>17</b>	
		Emer name of NEW Registered Agent and/or NEW Registered					
		1200 South Pine Island Road					
		NEW Registered Office Address.					
		Plantation	33324				
		, Fl,			<b></b>		
the age was	cha nt v S-Wi	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 ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis bility co f the lim	ste Mite uite	red office pany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		sthe ALB	Eddi	ie	Woods, Me	mber	
S	igna	ture of a member or authorized representative of a member				Printed or typed name of signee	
pro the to i	visi obi ner	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change. C T Corporation System and w. Malaw?	ee to act performa l for in ( ierchy co	an Dh On	n this cape we of my e apter 605, firm that t	icity. I further agree to comply with the huies, and I am familiar with and accept .F.S. Or, if this document is being filed he limited hability company has been	

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 F1LING FEE: \$25.00