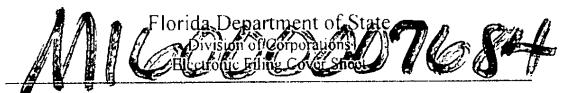
2/12/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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LLC REGISTERED AGENT CHANGE SOUTHERN GULF COAST DIVISION LOGISTICS, LLC

		Certificate of Status		
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Help

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. Na	me of the limited liability company: Southern Gulf Co	oast Division I	ogistics, LLC			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ddress of limited liabilit		r:
	1200 URBAN CENTER DRIVE	12	00 URBAN CEN	NTER DRIVE		
	BIRMINGHAM, AL 35242	B	RMINGHAM. A	AL 35242		
	09/27/2016	MI	6000007684			
3.	Date of filing/registration in Florida	4.	Docum	nent number		
# (X	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	ot, of State:			
			<u> </u>		202	
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	<u>ADDRESS)</u>		ALL	2020 FEB 12	111717
	Tallahassec, FI	32301		رت ب		rustana S Seriesa
	C T Corporation System	·			AH 10:	
(b)	·	LOSS an address	<u> </u>		ö	U
	Enter name of NEW Registered Agent and/or NEW Registered	JULY SUGIC	<u>a</u> .	, —	-	
	<u> </u>					
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation . Fi	L 33324				
the ch agent was/w the ar	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited beere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	tws of the Standard the register in the register in the limite of the limited liah	red office and to bany, it is hereb d liability comp offity company. tic Boelun Printed	by confirmed that the pany or as otherwise or typed name of signs	e change e provide	(s) ed in
I here provis the ob to me notific	the accept the appointment as registered agent and as sions of all statutes relative to the proper and complet digations of my position as registered agent as provia rely reflect a change in the registered office address, l ed in writing of this change.	gree to act in e performan led for in Ch I hereby conf				ith the accept g filed iden
By: Signal	ure of Registered Agent Michele Holden, Asst. Secretary					

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