

Flörida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: CAPITOL CORPORATE SERVICES, INC. Account Name

Account Number : 120160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE MANUPORT LOGISTICS USA LLC

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Corporate Filing Menu

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K. SALY

9/13/2017

SEP 18 2017

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| | | | O. (AL 121) | | | |
|--|--|--|---|---|---|-------------|
| submit | nt to the provisions of sections 605 s the following statement in order | 0114 or 605.0116, Florid to change its registered | a Statutes, the unders office or registered | igned limited lichii agent, or both, in | lity assupany the State of | |
| Florida J. Nas | z. ne of the Limited Liability Company | MANUPORT LOGI | STICS USA LLC | | | |
| 2. (a) | 538 Park Ave #606 | (b) PO Box 606 | | | | |
| () | Principal affice eddress of limited (Note: MUST BE STREET | isbility company: | Mailing add | truss of limited liability | | |
| | Scotch Plains, NJ 07076 | | Scotch Plains, I | NJ 07076 | | |
| | 7/24/2017 | | M17000006279 | | | |
| 3. | Date of filing/registration | ir. Florida 4. | Docume | nt number | | |
| 5. (a) | Capitol Corporate Services | | | | 20' | |
| | Registered Agent and Registered Office sa | ows on the records of the Florid | i Dept. of State: | | | -17 |
| | 155 Office Plaza Drive, Sul | | <u> </u> | | 22 1 | ۱ ۱ سست. |
| | Registered Office Address (MUST W) | <u>YLOKIDA STREET ADDRES:</u> | n | | OUI SEP 15 A | i |
| | Tallahassee | FL 3230 | 1 | | 2011 SEP 15 AK 9: 51 | |
| (h) | Capitol Corporate Services, | Inc. | | | وم س | \ <u>_</u> |
| (0) | Enter name of NEW Reststered Agent un | | dress: | | 5 J | l. |
| | | | | | | • |
| | 515 East Park Avenue 2nd | <u> </u> | | | | |
| | NEW Registered Office Address: | | | | | |
| | Tallahassaa | FI. 3230 | 4 | | | |
| | Tallahassee | լ, թ <u>լ. 3230</u> | <u> </u> | | | |
| the cha agent v | imited liability company is not orga- inge or changes are made, the Florid vill be identical. Or, in the case of a re authorized by an affirmative voic cles of organization or the operating | la street address of the regi Florida limited liability co of the mombers of the lin | stered (Mice and the lampany, it is hereby company it is hereby compan liability company. | business office of the curfirmed that the copy or as officewise p | rpause(s) rpause(s) | |
| 1 | abble | | Mall (111: e | ams | | |
| /Sizew I herei provisi inu obl io mere notijiga | the of a member or authorized representation of all stantiles relative to the presentative to the presentations of my position as registered by reflect a change in the registered for writing of this phunge. | re ut a member prod agent and agree to acoper and complete perform t agent as provided for in a office address, I because | Printed or In this capacity. I fi gree of my duties, an Inspir 605 F.S. Or onfirm that the limite | typed same of signse or her agree to com id I am Jamiliar wit if this document is a liability company | iply with the h and accept s poing filed rhus been | |
| $_{LO}$ | llanu asi | Delanie Caso | , Assistant Secre | etary on | | |
| liignatu | e of Registered Agent | behalf of Cap | itol Corporate Se | rvices, Inc. | | |
| | Division of Cor | norations P.O. Box 632 | • Tallatinssec, FL 3 | 92314 | | |

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