## M180000000016

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	<i>t</i> )
PICK-UP	TIAW	MAIL
(Bu	siness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEE, FL

2022 NOY 14 AM 11:37

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

CONTACT PERSON: Alexxis Weiland

		ACCOUNT	NO.	:	120000000	195		
		REFER	ENCE	:	120479	8388342		
		AUTHORIZA	rion	:	Levell	of and		
		COST L	IMIT	:	\$ 25.00	NE MOS		
ORDER D	ATE :	November 8,	2022					
ORDER T	IME :	8:43 AM						
ORDER N	10. :	120479-022						
CUSTOME	R NO:	8388342						
CHANGE OF AGENT								
NAME: U F I TRANSPORTATION LLC								
<del></del>	CERTIF	THE FOLLOWIN		PRC	OF OF FILI	ING:		
XX	PLAIN	STAMPED COPY	<i>(</i>					

EXAMINER'S INITIALS:

## 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.	Na	ame of the limited liability company:	ISPORTAT	ÓN LLO	<del></del>			
2.	(a)			(b)		•		
(-)		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		5380 HWY 145 SOUTH		PO	BOX 519			
		TUPELO, MS 38801		VEF	RONA, MS 38879			
		01/03/2018		M180	00000076			
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5.	(a)							
J.	(4)	Registered Agent and Registered Office shown on the record CORPORATION SERVICE COMPANY  Registered Office Address (MUST BE FLORIDA STRI		•	of State:	97 45 340	2022 NOV	
		1201 HAYS STREET	CBI ADDKE.	<u>22)</u>			NO	i i
		TALLAHASSEE	EI 3230	-2525	<del></del>	AHAS	=	1
			, I L			in .	<b>P</b>	
(	(b)					TO C	ڣ	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office a	ddress:		emili,	29	
		C T CORPORATION SYSTEM				• ,		
		NEW Registered Office Address:						
		1200 SOUTH PINE ISLAND ROAD						
		PLANTATION	, FL_33324					
char ager was the	nge nt w /we artic	or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the member of organization or the operating agreement of the operating agreement of a member or authorized representative of a member	the registered liability of the line the limited	red office ompany nited lia liability	ce and the business  y, it is hereby confirability company or a  y company.  Authorized Person	office of the med that the as otherwise	registe chang provid	red e(s)
	` (	<u> </u>		والمراجعة المراجعة	Printed or typed	J		tat. at
pro the to m	visic obli iere	y accept the appointment as registered agent and ons of all statutes relative to the proper and complete gations of my position as registered agent as provity reflect a change in the registered office address in writing of this change.	agree to ac lete perforn ided for in s, I hereby c	t in this lance of Chapter onfirm	capacity. I further my duties, and I ar r 605, F.S. Or, if th that the limited liab	r agree to co n Jamiliar w is document pility compat	mply weith and is being has i	ith the accept g filed been
		of Registered Agent  A Widden Asst Secretary	· .					
Νà	шу	A. Widdoes, Asst. Secretary  Division of Corporations P	O Roy 632	7a Tall	laborras El 27214	ſ		

FILING FEE: \$25.00

INHS18 (2/14)