## M 18000000009

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
| ``                                      |
|   |

Office Use Only



800392402648



RECEIVED 2022 OCT 19 AM11: 29 ALLAHASSEE FLOW

A BUTLER

CORPORATION SERVICE COMPANY

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

| ACCOUNT NO. : 12000000195                       |
|---|
| REFERENCE : 99690,1 8388342                     |
| AUTHORIZATION: Spello de man                    |
| COST LIMIT : \$ 25.00                           |
| ORDER DATE : October 7, 2022                    |
| ORDER TIME : 9:57 AM                            |
| ORDER NO. : 996901-035                          |
| CUSTOMER NO: 8388342                            |
| CHANGE OF AGENT                                 |
| <u></u>   |
| NAME: L S LOGISTICS, LLC                        |
| NAME: ES LOGISTICS, LIEC                        |
| FORCED DEA: MSPL LOGISTICS, LLC                 |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY  XX PLAIN STAMPED COPY           |
| CONTACT PERSON: Eyliena Baker                   |
| 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.

| Name of the limited liability comp  | MSFL LOGIS  | TICS, LLC  |   |  |   |  |  |
|---|---|--|---|--|---|--|--|
| (a) 5380 Highway 145 South  |   |  | (b) P.O. Box 519  |  |   |  |  |
| Principal office address of lim (Note: MUST BE STR.)  |   |  |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |   |  |  |
| Tupelo, MS 38801  |   |  | erona, MS 3887  | 79   |   |  |  |
| 01/03/2018  |   | M  | 18000000089   |  |   | _  |  |
| Date of filing/registrat  | ion in Florida  | 4.   | Docume  | ent number   |   |  |  |
| C T Corporation System  |   |  |   |  |   |  |  |
| (a) Registered Agent and Registered Office  | ce shown on the records o   | of the Florida De                                  | pt. of State:   |  |   |  |  |
| 1200 South Pine Island Road   |   |  |   | . ~  | 2(  |  |  |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |   |  | <del></del>   |  | 2022 OCT  | 7-1                                      |  |
| Plantation  | , F   | L33324   |   |  | 19  | #1111#72#<br>                            |  |
| b)  |   |  |   | 35.5.7<br>35.5.7<br>35.8.1   | £H 9:   |  |  |
| Enter name of NEW Registered Ager   | it and/or <u>NEW Registere</u>  | ed Office addre                                    | <u>ss</u> :   |  | 26  |  |  |
| Corporation Service Company   |   |  |   |  |   |  |  |
| NEW Registered Office Address:  |   |  |   |  |   |  |  |
| 1201 Hays Street  | <del> </del>  |  |   |  |   |  |  |
| Tallahassee   | ŗ   | .L 32301   |   |  |   |  |  |
| e limited liability company is not o<br>ge or changes are made, the Florid<br>t will be identical. Or, in the case<br>were authorized by an affirmative<br>rticles of organization or the opera | la street address of the<br>of a Florida limited I<br>vote of the members | e registered of<br>iability comp<br>of the limited | office and the bus<br>any, it is hereby<br>I liability compar   | siness office of the confirmed that the confirmed t | ne regist<br>he chan  | ered<br>ge(s)                            |  |
| Jill Cilmi  |   | Jill Ciln  | Jill Cilmi, Authorized Person   |  |   |  |  |
| nature of a member or authorized represen   |   |  |   | r typed name of sigr   |   |  |  |
| reby accept the appointment as reg<br>isions of all statules relative to the<br>bligations of my position as registe<br>erely reflect a change in the registe<br>ted in writing of this change. | proper and complete<br>ered agent as provide<br>ered office address, I    | ed for in Cha<br>hereby confi                      | this capacity. I fi<br>e of my duties, an<br>oter 605, F.S. Oi<br>rm that the limite<br>Service Compa | r, if this document<br>and liability comp  | comply with and its being the angle | vith the<br>d accept<br>ng filed<br>been |  |
| ( li, M L   | 2 <b>(</b>   /  | •  | er, Asst. Vice I  | •  |   |  |  |
| ature of Registered Agent   | F   | ami wi. Casj                                       | Jer, Maat. Vice I   | TOSIGOII   |   |  |  |