M1900000 6273

(Requestor's Name)					
(Address)					
(Address)					
(Cir.(Chaha Tir.(Dhana 40					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Cadified Casino Cadification of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300344164923

05/07/20--01013--003 **25.00



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: May 4, 2020

Order#: 279550-010

Re: ROADONE LOGISTICSOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

19 HAY -7 MILLE IN

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: ROADON	NE LOGISTICS	SOLUTION	S, LLC	
2. (a)	9004 BRITTANY WAY		(b) 9004 BRITTANY WAY		
()	Principal office address of limited liability comps (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAMPA, FL 33619		TAMPA	, FL 33619	
	06/27/2019		M190000	06273	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	TRAC-THE REGISTERED AGENT COMPAN	Υ			
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	236 E. 6TH AVENUE				
	Registered Office Address (MUST BE FLORIDA ST	_			
				<u></u> 	
	TALLAHASSEE	FL		- 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
				1	
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	gistered Office a	ddress:	19 19 19 19 19 19 19 19 19 19 19 19 19 1	
	Corporation Service Company			AHII: 18	
	NEW Registered Office Address:				
	1201 Hays Street	· - ·		_	
	Tallahassee	, FL 32301		_	
change agent v was/we	imited liability company is not organized under or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the men cles of organization or the operating agreement	of the register nited liability con nbers of the lin	ed office a ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	arry Nelson		rry Nelson,	Authorized Person	
Signa	ture of a member or authorized representative of a member	r		Printed or typed name of signee	
provisi the obl to mere	hy accept the appointment as registered agent a ons of all statutes relative to the proper and con igations of my position as registered agent as p ely reflect a change in the registered office addr I in writing of this change	nd agree to ac nplete perform rovided for in v ess. I hereby c	t in this cap ance of my Chapter 60 onfirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
<u> </u>	Inace Co-Kuble	Grace E.	Kirby, As	st. Vice President	
Signatu	re of Registered Agent				