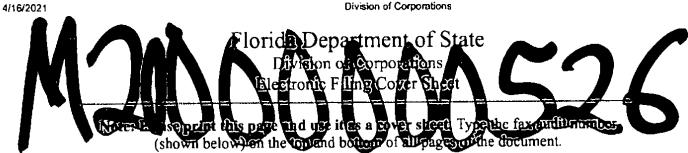
Division of Corporations



(((H210001534793)))



H210001534793ABC%

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

\*\*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 STAT OVERNIGHT DELIVERY LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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23

From: James Tanks III

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

2021-04-16 15:47:16 CST

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. N	ime of the limited liability company:  STAT OVERNIGHT	11 DELIVERY LLC 403 International Pkwy. Suite 505
2. (a)	403 International Pkwy, Suite 505	_ (b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Richardson, TX 75081	Richardson, TX 75081
٠,		
	12/17/2019	M2000000526
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Savage, Tera	
	Registered Agent and Registered Office shown on the records of the	ic Florida Dept, of State:
		·
	Registered Office Address (MUST BE FLORIDA STREET ADD	
	25004 US HWY 19	. · · · · · · · · · · · · · · · · · · ·
	CLEARWATER 51 33	33763 PP
	FL 33	75.00 
	C T Corporation System	
Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	The time of 1957 registrostrates	551 N
		Office address:
	NEW Registered Office Address:	<del></del>
	1200 South Pine Island Road	
	Plantation 33	33324
	, FL	
the chagent was/v the ar	will be identical. Oil in the case of a Florida limited liabitive authorized by an affirmative vote of the members of the ricles of organization of the operating agreement of the literal way.	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in limited liability company.  Jimmy Parker
_	nature of a member or authorized representative of a member	Printed or typed name of signee
provi the or to me notifi By:	sions of all sidutes relative to the proper and complete peoligations of my position as registered agent as provided judget reflect a change in the registered office address. The ed in writing of this change.  CT Corporation System /s/ Olga Hinkel	ee to act in this capacity. I further agree to comply with the performance of my dutles, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed nereby confirm that the limited liability company has been
Signe	ture of Registered Agent Olga Hinkel, VP & Asst. Secretary	
		3 - ZOAM - TOTALE - LA 177 - 243 1 4