Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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

Email Address:_____

LLC REGISTERED AGENT CHANGE CASTALIA LOGISTICS LLC

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Estimated Charge	\$25.00

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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.

ame of the limited liability company: Cas	talia Logistics LLC
	(b)
Principal office address of limited liability co (Note: MUST BE STREET ADDRES	• •
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL 33702	St. Petersburg FL 33702
07/16/20	M2000006179
Date of filing/registration in Florid	a 4. Document number
REGISTERED AGENT SOLUTIONS	S, INC.
Registered Agent and Registered Office shown on the	records of the Florida Dept. of State:
155 OFFICE PLAZA DRIVE S	JITE A
Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)
	SE SE
TALLAHASSEE	STREET ADDRESS) FI. 32301 FI. 32301
Northwest Registered A	mc 🗩 (
Enter name of NEW Registered Agent and/or NEW	Registered Office address:
7901 4th St N	
NEW Registered Office Address:	
STE 300	- 107
St. Petersburg	_{FI} 33702

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Morgan Pollen	Morgan Noble	
Signature of a member or authorized representative of a member	Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.

The Glover - Assistant Secretary

Signature of Registered Agent