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COVER LETTER

FO: Registration Section Division of Corporations	
Division of Corporations	* . *
SUBJECT: 3RD ROCK LOGISTICS, LLC	of Limited Liability Company
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ee Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
JOSEPH E. REBMAN	
Name of Person	
REBMAN, LINHARES & BEACHEM, P.C.	
Firm/Company	
165 NORTH MERAMEC AVENUE, SUITE 310	
Address	
ST. LOUIS MO 63105	
City/State and Zip Code	
joe@rlblaw.net	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
JOSEPH E. REBMAN	at (314) 725-1118
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	amount:
₩\$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

* 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.

ι)	835 NORSOTA WAY	(b)	SAME	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARASOTA FL 34242			
	8/28/2020	 -	M2000	00008149
	Date of filing/registration in Florida	4.		Document number
اده	DAVID HELLWEG			
a)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of Sta	ne:
	835 NORSOTA WAY			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
				2020 OC1
	SARASOTA , FI	L_34342		
				SSEP ₹
)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	ess:	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				32 1
	835 NORSOTA WAY			_
	NEW Registered Office Address:			
				_
	SARASOTA , FI	34242		
	,			-
	mited liability company is not organized under the la or changes are made, the Florida street address of the			
ťΨ	vill be identical. Or, in the case of a Florida limited li	ability com	pany, it:	is hereby confirmed that the change(s)
	re authorized by an affirmative vote of the members of organization or the operating agreement of the			
	Compt A None		·	H E. REBMAN
naț	are of a member or authorized representative of a member			Printed or typed name of signee
	by accept the appointment as registered agent and agi	ree to act in	this cap	pacity. I further agree to comply with t duties, and I am Jamiliar with and acc 5, F.S. Or, if this document is being fil the limited liability company has been