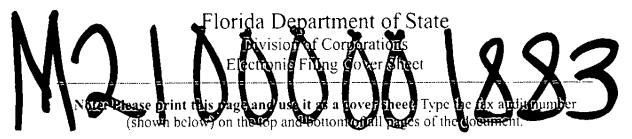
10/18/24, 10 52 AM

Division of Corporations



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

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LLC REGISTERED AGENT CHANGE FIRETOWER LOGISTICS @ 77, LLC

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M. SOLOMON

OCT 18 2024

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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.

1.	Na	ime of the limited liability company:FIRETOWER LOG	GISTIC	S @ 77, LL0	<u> </u>	
2. (ัก โ	189 S ORANGE AVE	(b) 189 S OF	RANGE AVE	
(,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	_	~, <u> </u>	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)	
		ORLANDO, FL 32801	_	ORLANDO, FL 32801		
		02/16/2021	_	M2100000	1883	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	CORPORATE CREATIONS NETWORK INC.				
<i>.</i>	,,	Registered Agent and Registered Office shown on the records of the Florida 801 US HWY 1 N Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 OCT	
	(b)	PALM BEACH, FL , FL			OCT 18 PH	
í		C T Corporation System				
	•	Enter name of NEW Registered Agent and/or NEW Registered Office address:		57		
		NEW Registered Office Address:	•		_	
		1200 South Pine Island Road			_	
		Plantation, FL_	33324		_	
the age was	cha nt v :/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the lin imited	istered offic company, it nited liabili liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Si	gnat	ture of a member or authorized representative of a member			Printed or typed name of signee	
I he pro the to noting By:	erel visi obl iere fied	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have the control of this change. CT Corporation System CT Corporation System	ortori	nance of my	r duties - and 1 am familiar Wilh and accept	