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Division of Corporations

→ 18506176383



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 MARVIN LOGISTICS, LLC

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COVER LETTER

TO:		stration Section sion of Corporations					
SUBJE	CCT:	Marvin Logistics, LLC					
		Name of Limited Liability Company					
Dear Si	ir or N	fadam:					
The end	elosed	Registered Agent/Registered	Office Chang	ge and fee	e(s) are submitted for filing.		
Please	return	all correspondence concernir	ig this matter	to the fol	lowing:		
Mary C	Castillo)					
		Name of Person			•		
Registe	red Ap	gent Solutions, Inc.	*****				
***************************************		Firm/Company	**************************************				
Corpora	ate Cei	nter One, 5301 Southwest Pkwy,	Ste 400				
		Address					
Austin.	TX 78	3735					
		City/State and Zip Co	de				
Е	-mail	address: (to be used for future	annual repor	t notifica	tion)		
For fur	ther in	nformation concerning this ma	itter, please ca	all:			
Mary C	Castillo	>	88 at (8	705-7274		
		Name of Person			Area Code & Daytime Telephone Number		
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 nhassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Encl	osed is a check for the follow	wing amount	:			
	□ \$1	25 Filing Fee		□ \$55	Filing Fee & Certified Copy		

15129570210

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.

. (a) _.	401 STATE AVENUE N	(b)	ATE AVENUE N	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO.	
	WARROAD, MN 56763	WARR	OAD, MN 56763	
	4/30/2021	M21000	005204	
•	Date of filing/registration in Florida	4.	Document number	Γ
. (a)	C T Corporation System			
	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of S	state:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STRE			
	Plantation	. FL 33324		2021
(b)	Registered Agent Solutions, Inc.			FIL 2025 JAN -3
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address:		- 第一 も 音
	2894 Remington Green Ln.		AH 10: 44	
	NEW Registered Office Address:			
				-
	Ste. A			
		, FL 32308		
hange gent w /as/we		e laws of the State of f the registered office and liability company, it ers of the limited liabi	and the business office t is hereby confirmed lity company or as otl	ce of the registered that the change(s)

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 with the limited liability company has been

Mackenzie Hibler, Asst. Secretary
Signature of Registered Agent