(Requestor's Name)					
(Address)					
,					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(,					
(Document Number)					
Certified Copies Certificates of Sta	tus				
Special Instructions to Filing Officer:					
J. HC	RNE				
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Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 7628121. 7494445							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE : May 22, 2023							
ORDER TIME : 2:25 PM							
ORDER NO. : 762812-059							
CUSTOMER NO: 7494445							
CHANGE OF AGENT							
NAME: FIRST COAST TERMINALS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland-sorenson							
EXAMINER'S INITIALS:							

STATEMENT OF CHARGE 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	me of the limited liability company: FIRST COAST	TERMI	VALS, LLC	
2	(a)	10401 DEERWOOD PARK BLVD	ı	(b)	DEERWOOD PARK BLVD
•	(47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		BLDG 1, SUITE 1300		BLDG 1	, SUITE 1300
		JACKSONVILLE, FL 32256		JACKS	ONVILLE, FL 32256
		05/13/2021		M210000	05805
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	REGISTERED AGENT SOLUTIONS, INC.			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2894 REMINGTON GREEN LANE					ate:
		Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>SS)</u>	Z
		SUITE A			 SEC SE
		TALLAHASSEE	32308		2023 JUH -2 SECRETARY ALLI AHASEE
	(b)	E. CANADA I. LANGE			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office a	ddress:	
		Corporation Service Company			90:
		NEW Registered Office Address:			
		1201 Hays Street			€.
					_
		Tallahassee, FL	32301		<u></u>
cha age wa	ange ent w s/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the operating agreement of the	registe ability c of the lin limited	red office a ompany, it nited liabil liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
	ienat	ure of a member or authorized representative of a member	JIII	Cilmi, Autr	Printed or typed name of signee
II prothe to inoi	nereb ovisie obli mere rified matur	ov accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. The of Registered Agent e. E. Kirby, Asst. Vice President	ee to ac perform d for in vereby c	t in this cap nance of my Chapter 60 confirm that	racity: I further caree to comply with the
_		Division of Cornerations P.O.	Roy 631	7. Tallah	necoo El 20214