

100429634461  
m030000 10542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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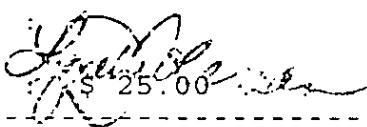
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 442169 8449915

AUTHORIZATION

COST LIMIT



\$25.00

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ORDER DATE : April 30, 2024

ORDER TIME : 9:51 AM

ORDER NO. : 442169-004

CUSTOMER NO: 8449915

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CHANGE OF AGENT

NAME: NATIONWIDE ORGAN RECOVERY  
TRANSPORT ALLIANCE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_

## 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. Name of the limited liability company: NATIONWIDE ORGAN RECOVERY TRANSPORT ALLIANCE, LLC

2. (a) 3805 E. Main Street

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b)

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

St. Charles, IL 60174

08/14/2023

M23000010542

3. Date of filing/registration in Florida

4.

Document number

5. (a) Registered Agents Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th Street N, Suite 300

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

St. Petersburg 33702  
, FL

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee 32301  
, FL

2024-08-29 11:15:44

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.

/s/ Jill Cilmi

Jill Cilmi, Authorized Person

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 this change.*

Corporation Service Company

Signature of Registered Agent

Ami M. Casper, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

CSC 442169-04