M24000010381

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
	(Business Entity Name)					
	(Document Number)					
Certified Copies	_ Certificates of	Status				
Special Instructions to Filing Officer:						

Office Use Only



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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607

850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 09/04/24 Order #: 1608884-3

Re: T-Tek Material Handling, LLC Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Division of Corporations						
T-Tek Material Handling, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
Scott Mayhew						
Name of Person						
Duravant LLC						
Firm/Company						
3500 Lacey Rd., Suite 290						
Address						
Downers Grove, IL 60515						
City/State and Zip Code						
legalentityreg@duravant.com						
E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please c	all:					
Scott Mayhew 63	30 635-3910					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount	:					
□ \$25 Filing Fee	☐ \$55 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.

1. Na	ame of the limited liability company:	Handl	ing,	LLC			
2. (a)	1930 Hunter Loop Rd		(b) 1930 Hunter Loop Rd.				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address			of limited liability company: BE POST OFFICE BOX	
	Montgomery, AL 36108			1930 Hu	unter Loop Rd.		
3.	August 13, 2024 Date of filing/registration in Florida	 _ 		M240000	010381 Document n	number	
5. (a)	Registered Agent and Registered Office shown on the records of CT Corporation System	the Flo	oride	Dept, of St	ate:		
	Registered Office Address (MUST BE FLORIDA STREET) 1200 S Pine Island Rd, #250	<u>ADDR</u>	ESS	2			
	Plantation , FL	3332	24		_	FILLAWAS	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office	e nd	dress:		SEC P IT	
	NEW Registered Office Address:				_	M 9: 21	
	1201 Hays Street					P	
	Tallahassee , FL	3230)1				
change igent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility of the limite	tere cor lim d li	d office an mpany, it ited liabili	nd the busines is hereby conf ity company of mpany.	is office of the registered firmed that the change(s)	
Signati	ure of a member or authorized representative of a member	-			Printed or type	ed name of signee	
rovisio he obli o mere	y accept the appointment as registered agent and agrooms of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to e perfor l for it ereby	act rma n C r co.	in this cap nce of my hapter 60, nfirm that	pacity. I further duties, and I do 5, F.S. Or, if the limited lide	er agree to comply with the am familiar with and accep this document is being filed ability company has been	
Signatur	e of Registered Agent						

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 CSC COA-9364