## M9800000642

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO. : I2000000195
REFERE	ENCE : 537395 7868890
AUTHORIZAT	TION: Expelleran
COST L	MIT : \$25.00
ORDER DATE : March 1, 202	23
ORDER TIME : 1:03 PM	
ORDER NO. : 537395-005	
CUSTOMER NO: 7868890	
	OF AGENT
NAME: ELLER-I.T COMPANY I	
PLEASE RETURN THE FOLLOWIN  CERTIFIED COPY  XX PLAIN STAMPED COPY	
CONTACT PERSON: Alexxis W	Weiland  EXAMINER'S INITIALS:

## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJE	ELLER-I.T.O. STEVEDORING COMPANY L.L.C.								
	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered	d Office Cha	nge and	fee(s)	are submitted for filing.				
Please	return all correspondence concerni	ng this matte	r to the	follow	ing:				
	Cynthia Howard								
	Name of Person								
	Ports America Shared Serv	rices, Inc.							
	Firm/Company								
	55 N. Arizona Place Su	ite 400.							
	Address								
	Chandler, AZ 85225								
	City/State and Zip Co	ode							
	Cynthia.Howard@portsame	erica.com							
Е	-mail address: (to be used for future	e annual repo	ort notifi	cation	1)				
For fur	ther information concerning this ma	atter, please	call:						
	Cynthia Howard	at (	480	,	224-6819				
	Name of Person		•••	Are	a Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Reg Div The 24	reet Address: gistration Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303				
	Enclosed is a check for the follow	wing amoun	t:						
	□ \$25 Filing Fee		□ \$5	5 Fili	ng 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	me of the limited liability company:ELLER-LT.O.	STEVE	OORING	COMPANY L.L.C.		
2.	(a)		(b)				
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (*)	:	Mailing address of limited lia (Note: MAY BE POST O	ability con	npany:
		1007 NORTH AMERICA WAY, SUITE 501		55 N. A	arizona Place Suite 400.		
		MIAMI, FL 33132		Chandle	r, AZ 85225		
		6/18/1998	_	M980	00000642		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	C T CORPORATION SYSTEM					
		Registered Agent and Registered Office shown on the records of th	Dept. of State	- e:	2023 MÅR	:	
		Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS)		<b></b>	55	*
		1200 SOUTH PINE ISLAND ROAD				<u></u> -	
		Plantation . FL_	33324		- -	MI 9: I	and a second
	(b)					. 5	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	)ffice addr	ess:	-		
		Corporation Service Company					
		NEW Registered Office Address:			-		
		1201 Hays Street			_		
		Tallahassee FL	32301	_	_		
cha age wa	inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization of the operating agreement of the li	egistered pility com the limite	office and pany, it is additional to the pany. It is additional to the pany of	d the business office of shereby confirmed that y company or as otherw	the regis	stered nge(s)
		19 Just Swell	Ricl	nard Suret	tt, Authorized Represen	tative of	f the Membe
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of sig	gnee	
pro the to t	visie obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided in the registered office address. I he are writing of this change.	e to act in erforman for in Ch ereby cong	this capa ce of my a apter 605 firm that t	icity. I further agree to luties, and I am familia , F.S. Or, if this docum he limited liability com	comply with ar ent is be pany ha	with the nd accept ring filed s been
Sig	natur	of Registered Ment					