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D. BRUCE
FEB 1 6 2011
EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE: 674795 7817484

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 16, 2011

ORDER TIME : 9:16 AM

ORDER NO. : 674795-001

CUSTOMER NO: 7817484

CHANGE OF AGENT

NAME:

AMWARE LOGISTICS SERVICES OF

JAX, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: AM	WARE LOGISTICS SERVICES OF JAX, LLC
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS	y company: 936 Chambers Ct. Suite A-11 Eagle, CO 81631
(b) Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX)	P. O. Box 5259 936 chambers Ct., A-11 Eagle, CO 81631-5259
01/08/1999	M99000000030
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office s	shown on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> a <u>NEW Registered Agent</u> :	nd/or NEW Registered Office address: Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
<u>(MUST BE FLORIDA STREET ADDR)</u>	Tallahassee ,FL 32301
that after the change or changes are made, the Flo office of the registered agent will be identical. O hereby confirmed that the change(s) was/were au liability company or as otherwise provided in the limited liability company. (Signature of a member or authorized representative of a member	m _c > m
Maureen Cathell, Authorized Person (Printed or typed name of signee) I haraby accept the appointment as registered as	To the second
	gent and agree to act in this capacity. I furthe decrease to the proper and complete performance of months and I by position as registered agent as provided for in Chapter 608, reflect a change in the registered office address, I hereby en notified in writing of this change.
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice Preside Division of Corporations, FILL	ent P.O. Box 6327, Tallahassee, FL 32314 ING FEE: \$25.00