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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 554749 7236625	
AUTHORIZATION: Company	
COST LIMIT : \$25.00	
ORDER DATE : July 17, 2024	-
ORDER TIME : 3:26 PM	
ORDER NO. : 554749-027	
CUSTOMER NO: 7236625	
CHANGE OF AGENT CHANGE OF AGENT CHANGE OF AGENT	
NAME: AMERICOLD LOGISTICS, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY YY PLAIN STAMPED COPY	
XX 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. N	ame of the limited liability company: AMERICOLD L	OGISTICS	, LLC	
2. (a)	10 Glenlake Parkway NE	(b)	10 Glenlake F	arkway NE
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailir	ng address of limited liability company: ote: MAY BE POST OFFICE BOX)
	600 South Tower		600 South Tov	ver
	Atlanta, GA 30328		Atlanta, GA 30)328
	02/23/1999	N	199000000256	;
3.	Date of filing/registration in Florida	4.	Doc	ument number
(b)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD PLANTATION	33324		7904 F. T 7 AM 9: 20 F. ARY OF STATE ALLAPASSEE, FL
	Tallahassee	32301		
change agent v was/w the arti	imited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the fathan H. Harwell	ws of the Se registered ability com of the limited lia	office and the pany, it is here ed liability con bility company	business office of the registered eby confirmed that the change(s) npany or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Print	ted or typed name of signee
provisi the obl to mer notifie	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It does not the complete address and the complete address. It does not the complete address and the complete address.	ree to act in performan d for in Ch hereby con	n this capacity, ce of my duties apter 605, F.S. firm that the lii	I further agree to comply with the s, and I am familiar with and accept Or, if this document is being filed mited liability company has been
Signatu	re of Registered Agent			

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