

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE

WALLENUS WILHELMSSEN LOGISTICS AMERCAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

# 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: WALLENUS WILHELMSEN LOGISTICS AMERICAS, LLC
2. (a) Principal office address of limited liability company: 188 Broadway  
(Note: **MUST BE STREET ADDRESS**) Woodcliff Lake NJ 07675
- (b) Mailing address of limited liability company: 188 Broadway  
(Note: **MAY BE POST OFFICE BOX**) Woodcliff Lake NJ 07675

3. Date of filing/registration in Florida: July 1, 1999
4. Document number: M99000001270
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of ~~STATE~~ SECRETARY OF STATE  
 Registered Agent: C T Corporation System  
 Registered Office Address: 1200 South Pine Island Road  
Plantation FL 33324
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Corporation Service Company  
**NEW Registered Office Address:** 1201 Hays Street  
**(MUST BE FLORIDA STREET ADDRESS)** Tallahassee, FL 32301

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.

Blanca Lozada  
(Signature of a member or authorized representative of a member)

Blanca Lozada, Authorized Person  
(Printed or typed name of signer)

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 608, 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.

By: Sylvia Queppet  
(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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

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