## Division of Corporations

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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE FOOTHILLS LOGISTICS, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Foothills Logistics, Inc.
2. The principal office address: 7901 4th St N STE 300
St. Petersburg FL 33702
3. The mailing address (if different): 7901 4th St N STE 300 St. Petersburg FL 33702
4. Date of incorporation/qualification: 03/13/03 Document number: P03000031006
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
File Florida Co.
7000 W. Palmetto Park Rd. Suite 210
Boca Raton, FL 33433
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agents Inc
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Brent Smith - Vice President Signature of an officer or director Printed or typed name and liftle
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Davi Berrs 04/04/2023
Signature of Registered Agent Date
If signing on behalf of an entity:
David Roberts Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)