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Đ	ivision	of	Corporations	

Fax Number : (850)617-6380

From:

To:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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REGISTERED AGENT CHANGE APEX LOGISTICS INTERNATIONAL (MIA), INC.

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Help

STATEMENT OF CHANGE FOR CORPORATIONS	E OF REGISTERED	OFFICE OR REGISTERE	DAGENT OR BOTH
		•	

	provisions of sections 607,050, uge is submitted for a corpora					
	to change its registered office					
L. The name of t	he corporation: APEX LOGIS	TICS INTERN	ATIONAL (M	IIA), INC.		
2. The principal	office address:	** <u> </u>				
3. The mailing a	ddress (if different):				·	
4. Date of incorp	oration/qualification: 02/16/2	011	Document	number: P1	1000016634	
5. The name and Florida Depart	street address of the current rement of State: (If resigned, en	egistered ager ter resigned)	nt and registere	 ed office on I	ile with the	
	Lin, Jackie Jiqian					
	1701 NW-87TH AVE. 300					
	MIAMI, FL 33172					
6. The name and (if changed):	street address of the new regis	stered agent (i	f changed) and	d/or register	ed office	
	C T Corporation System				•	·.
	1200 South Pine Island Road					
	Plantation, Florida 33324	P.O Box NC	o'l' acceptable			
The street address as changed will be	s of its registered office and to be identical.	the street add	ress of the bu	siness office	of its regis	stered agent,
Such change was authorized by the	authorized by resolution dul board, or the corporation has	v adopted by s been notific	its board of d	lirectors or t of the change	oy an office	r so
Signature	of an office or director	··	Elsic Q	ed or typed name	E0	
I hereby accept to I further agree to of my duties, and document is bein corporation has a C T Convention of	he appointment as registered comply with the provisions of Lam familiar with and accep g filed merely to reflect a cha been notified in writing of this	agent and as of all statutes of the obligat inge in the re s change.	tree to act in the relative to the ion of my post gistered office	this capacity e proper and ition as regi. e address, 1	: I complete stered agen hereby conj	performance i. Or, if this firm that the
Lichd	ture of Registered Agent	0	9/25/2020	·		
If signing on beh	· · · · · · · · · · · · · · · · · · ·		•	Date	•	•
Nichol McCroy, A						
Tyr	ed or Printed Name		•			•
	* * * FII	LING 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)

By: