## P12000001524

(Re	equestor's Name)			
(Ac	idress)	<del></del>		
, (Ac	ddress)			
(Ci	ty/State/Zip/Phone	<del>= #)</del> .		
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Change Thewis 5-29-12

## **COVER LETTER**

TO:	Amendment Sectorial Division of Corp	tion orations		
SUBJ	ECT;	Saturn Logistics C	onsultant, Inc.	
DOCU	JMENT NUMBE	R: P120	000001524	
The en	nclosed Statement	of Change of Registered Office	e/Agent and fee are submitt	ed for filing.
Please	return all correspo	ndence concerning this matter	to the following:	
	٠.	Steven Name of Co	Kinney ntact Person	
		Saturn Logistics		
	<del></del>	Firm/Co	ompany	
		5117 E Ch		
		Add	ress	
		Tampa, F City/State ar	FL 33617	
		City/state ai	id Zip Code	
		Saturninc@v	verizon.net	
	E-ma	nil address: (to be used for f	uture annual report notifi	cation)
For fu	rther information c	oncerning this matter, please of	call:	
	Stev	en Kinney	at ( 813 )	714-1410
	Name of	Contact Person	at ( <u>813</u> Area Code & Daytir	ne Telephone Number
Enclos	sed is a \$35.00 che	ck made payable to the Depart	ment of State.	
	1 1	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle

CR2E045 (8/05)

## 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	
1. The name of the corporation: Saturn Logistics Consultant, Inc.	
2. The principal office address: 5117 E. Chilkoot Ave. , Tampa, FL 33617	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 01/05/2012 Document number: P12000001524	
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)	
Corporation Service Company	
	APR OR
Tallahassee, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office	DH 2: 1: 2
Steven Kinney	تد
5117 E. Chilkoot Ave.	
P.O. Box NOT acceptable	
Tampa, FL 33617	
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.	
Signature of an officer or director  Signature of an officer or director  Steven Kinney - DT:R  Printed or typed name and title	
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.	
S 9 2 04/15/2012	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Steven Kinney 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 (8/05)