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## **COVER LETTER**

TO: Amendment Section **Division of Corporations Exactus Logistic Inc** Name of Corporation **DOCUMENT NUMBER:**\_ The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daniel R. Fernandez Name of Contact Person **Exactus Logistic Inc** 14747 SW 23rd ST Address Miami, FL 33185 City/State and Zip Code daniel@exactuslogistic.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel R. Fernandez Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

\*\* \*\*\*

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute: In organized under the laws of the State of Florida Ir registered agent, or both, in the State of Florida	<u> </u>	<b></b>
I. The name of t	he corporation: Exactus Logi	stic Inc		····
2. The principal	office address: 14747 SW 23	Brd ST, Miami, FL 33185		
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 09/15/20	014	5946	
5. The name and		stered agent and registered office on file with the		
	United States Corporation	on Agents Inc		
	13302 Winding Oak Co	urt, Suite A	<b>i</b>	DIV.s
	Tampa, FL, 33612		15 MAR	SICH C
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	20 PH	ARY OF S F CORPUS
	Daniel R. Fernandez		<del> </del> :0	
	14747 SW 23rd ST		8	, T.
	P.O. Box NOT acceptable  Miami, FL 33185			
The street addre	ss of its registered office and the	street address of the business office of its regist	tered ag	ent,
- 1	, ,	dopted by its board of directors or by an officer een notified in writing of the change.		
	quell	Daniel R. Fernandez, Preside	∍nt	
I hereby accept I further agree to performance of agent. Or, if the	o comply with the provisions of a my/duites, and I am familiar with	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as reg to reflect a change in the registered office addr tified in writing of this change.	zistered ess, I	
	( diele	03/16/2015		
	nature of Registered Agent	Date		<del>-</del>
• •	half of an entity:			
Daniel R Fe	rped 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 (03/12)