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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: MN SOLUTION LOGISTICS, INC.

P17000058051 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:

MAJA NIKOLIC

Name of Contact Person

MN SOLUTION LOGISTICS, INC.

Firm/Company

103 NE 59TH ST, APT#5

Address

MIAMI, FL 33137

City/State and Zip Code

kica2901@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAJA NIKOLIC

at (443)856-7305 Area Code & Daytime Telephone Number

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

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, Florid a organized under the laws of the State of registered agent, or both, in the State of	f FLORIDA		
1. The name of t	the corporation: MN SOLUTIO	ON LOGISTICS, INC.			
2. The principal MIAMI, F	office address: 103 NE 59TH L 33137	I ST, APT#5			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 07/06/20	Document number: P170	000058051		
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the		
	MAJA NIKOLIC				
	6545 INDIAN CREEK DR, UNIT#506				
	MIAMI, FL 33141		2018 SEC		
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered	1018 AUG 20 SECRETART		
	MAJA NIKOLIC		PH SSEE	m	
	103 NE 59TH ST, APT#	±5		O	
	MIAMI, FL 33137	Box NOT acceptable	— r∺ 36 —		
The street addre	ess of its registered office and the be identical.	street address of the business office of	fits registered ag	gent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	in officer so		
Ly A	re of an officer or director	MAJA WIKO	L/C		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ag	ent and agree to act in this capacity. Ill statutes relative to the proper and contains and accept the obligation of my position to reflect a change in the registered of this change.		ı	
ligi /	Vilules	08/14/2018		_	
/ Sig	nature of Registered Agent	Date			
	half of an entity:				
MAJA NIKO	Vived or Printed Name				

* * * FILING FEE: \$35.00 * * *