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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

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Enter the email address for this business entity to be used for future \geq annual report mailings. Enter only one email address please.** Email Address:___

REGISTERED AGENT CHANGE ALLEN ARIEL LOGISTICS INC

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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 in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Allen Ariel Logistics Inc 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: 06/18/2021 Document number: P21000057677 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) VARTOLOMEY, OLEG 5613 MAUNA LOA BLVD 301 SARASOTA, FL 34240 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. OLEG VARTOLOMEY, P. 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. Signature of Registered Agent If signing on behalf of an entity: Bill Havre Typed or Printed Name * * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E(45 (04/13)