F01000001709

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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06 SEP 27 AM ID: 50

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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Manila Forwarders Corporation (Name of Corporation)						
•	,					
DOCUMENT NUMBER: F01000001709						
The enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.					
Please return all correspondence concerning this matter to the	following:					
Maria Castro	·					
(Name of Contact Person)						
Manila Forwarders Corporation						
(Firm/Company	7)					
8241-B Backlick Road						
(Address)						
Lorton, VA 22079	-					
(City/State and Zip Code)						
For further information concerning this matter, please call:						
	000 1000					
Maria Castro at ((Name of Contact Person)	703 339-4920 (Area Code & Daytime Telephone Number)					
(Name of Contact Person)	(Alea Code & Daytime Telephone (Admoci)					
Enclosed is a \$35.00 check made payable to the Department of State.						
Entroped in a position bloom made pay and to all a specialisms	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
• •	Tallahassee, FL 32301					

· TO:

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ er to change its registered office or regist	nized under the laws	of the State o	f Delaware	is 	·
	the corporation: Manila Forwarders Corp		in the sidie o _j	(Fiorwa,		٠
	office address: 8241-B Backlick Road, L					
3. The mailing a	address (if different):			-24		
4. Date of incorp	poration/qualification: 03/29/2001	Document nu	mber: F0100	0001709		
	I street address of the current registered a trment of State:	gent and registered	office on file	with the		
	Jose J. Castro				90	
	2683 St. John's Bluff Rd, Ste 1	49		AHA	SEP 27	ŢŢ
	Jacksonville, FL 32241	, -		All Y	27	
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /	or registered o	FLORII	AM IO: 5	
	Maria Castro		<u> </u>	DA.	0	
	6973 Highway Avenue, #304					
	(P.O. Box NOT acceptable))				
	Jacksonville, FL 32254					~
The street address changed will	ess of its registered office and the street be identical.	address of the busi	ness office of	its registered	d agent	-
Such change was authorized by the	as authorized by resolution duly adopted board, or the corporation has been no	d by its board of di tified in writing of	rectors or by the change.	an officer so		
Maple	ue of an officer or director)	HARIA C.	CASTAV d or typed name as	- PRES	'IDE	VT
<i>[]</i>	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th s been notified in writing of this change.				ormanc ir, if th that th	re is e
Maris	Pars	Sept.	15. 9	2006		
	makure of Registered Agent)		(Date)			=
	half of an entity:					
MARIA	C CASTRO yped or Printed Name)					

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