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(Re	equestor's Name)					
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PICK-UP	MAIT	MAIL				
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(Do	ocument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					

Office Use Only



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July 22, 2015

ROBERTA BELMUDES MORAEL COSTA 6905 NW 52ND STREET, UNIT 1 MIAMI, FL 33166

SUBJECT: APLUS FREIGHT FORWARDING LLC

Ref. Number: L13000104650

We have received your document for APLUS FREIGHT FORWARDING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 015A00015340

COVER LETTER

	stration Section sion of Corporations	-				
SUBJECT:	Aplus Freight Forwarding LL	С				
Name of Limited Liability Company						
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.			
Please return	all correspondence concerning this	s matter to the fo	ollowing:			
Roberta B	elmudes Moraes Costa					
	Name of Person	· · · · · · · · · · · · · · · · · · ·	-			
Aplus Frei	ight Forwarding LLC					
	Firm/Company					
6905 NW	52nd Street Unit 1		_			
	Address		_			
Miami, FL	, 33166					
	City/State and Zip Code					
_	aplus-freight.com					
E-mail	address: (to be used for future annual	al report notific	cation)			
For further i	nformation concerning this matter,	please call:				
Robertá C	osta	647	9907587			
	Name of Person		Área Code & Daytime Telephone Number			
Regi Divi Clift 2661	EET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	25 Filing Fee		Filing Fee & Certified Copy			
INHS18 (2/14	, to already					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Aplus Freight	Forwa	ırd	ling LLC				
2.	(a)	Aplus Freight Forwarding LLC	(b) Aplus Freight Forwarding LLC						
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-	٠, .		Mailing ado		ed liabil	lity company:
		6905 NW 52nd Street, Unit 1			6905 NV	N 52nd	Street, U	nit 1	
		Miami, FL, 33166	_	_	Miami, f	FL, 3316	6		
		July 23rd 2013		L	130001	04650		•	
3.		Date of filing/registration in Florida	4.			Docume	nt number		
5.	(a)	Incorp Services Inc							
	()	Registered Agent and Registered Office shown on the records of the Incorp Services Inc	ne Florida	аΕ	Dept. of Stat	e:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-			
		17888 67th Court North							
•		Loxahatchee , FL	33470)		_	.1.	===	AND TOTAL
	(b)	Roberta Belmudes Moraes Costa			CRETARY LAHASSEI	AUG			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	ldr	ess:	_	SEE YA	0	
		Roberta Belmudes Moraes Costa				_	Y OF STATE EE. FLORIDA	8	(2)
		NEW Registered Office Address:				RIDE	ω 20		
		6905 NW 52nd Street, Unit 1				-			
		Miami , FL	33166	;		_			
the ago wa the	cha ent v s/we arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co the lim imited	iste on nit lia	ered officenpany, it in ed liability controls and liability controls.	e and the s hereby y compai npany.	business o	office of that the nerwis	of the registered ne change(s)
	-	ture of a member or authorized representative of a member					r typed name	_	
the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to ac perform for in C ereby c	t ii ar Ch or	n this cap nce of my napter 602 nfirm that	acity. If duties, ar 5, F.S. O the limite	urther agre nd I am fan r, if this do ed liability	ee to c niliar cumen compo	comply with the with and accept nt is being filed any has been
Si	gnatu	re of Kegistered Agent							