

P120000045634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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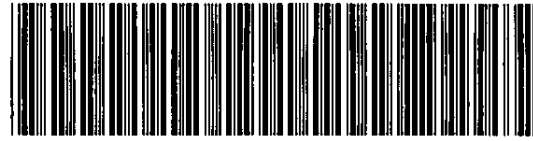
(Business Entity Name)

(Document Number)

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SEP 10 2014  
T. CARTER

RO Change

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mobile Logistics Support Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P12000045634

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:

Carmen Mallea  
Name of Contact Person

Mobile Logistics Support Corporation  
Firm/Company

816 SW 12 Ct.  
Address

Miami, FL 33135  
City/State and Zip Code

Carmenmallea83@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Mallea at (305) 981-0847  
Name of Contact Person 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**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mobile Logistics Support Corp
2. The principal office address: 816 SW 12 Ct  
Miami, FL 33135
3. The mailing address (if different): 8000 NW 25 Street, Suite 500  
Doral, FL 33122
4. Date of incorporation/qualification: 5/16/2012 Document number: P12000045634
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)

Carmen Mallea  
2034 SW 13 St.  
Miami, FL 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carmen Mallea  
816 SW 12 Court  
P.O. Box NOT acceptable  
Miami, FL 33135

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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.

Carmen Mallea  
Signature of an officer or director

Carmen Mallea, President  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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