

F03000000154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

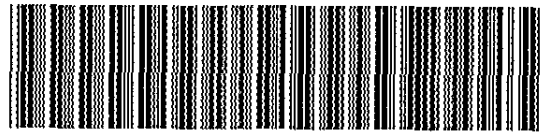
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2003 JUL 18 PM 4:06

R. A. Change
H
7-21-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THIEL LOGISTICS
(Name of Corporation)

DOCUMENT NUMBER: F03000000154

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NILS EKMAN

(Name of Person)

THIEL LOGISTICS

(Name of Firm/Company)

3200 NW 112 AVENUE

(Address)

MIAMI, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

NILS EKMAN

(Name of Person)

at (305) 715 - 9688 or (305) 798 - 9322

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 10, 2003

Nils Ekman
% THIEL-LOGISTICS USA, INC.
3200 NW 112th Avenue
Miami, FL 33172

SUBJECT: THIEL-LOGISTICS USA, INC.
Ref. Number: F03000000154

We have received your document for THIEL-LOGISTICS USA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent designated must be an active Florida corporation or limited liability company or a foreign corporation or limited liability company authorized to transact business in Florida. Please correct the document accordingly.

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson
Document Specialist Supervisor

Letter Number: 203A00040885

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

1. The name of the corporation: THIEL-LOGISTICS USA, INC.
2. The principal office address: 3200 NW 112 Avenue
MIAMI, FL 33172
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01-10-2003 Document number: F03000000154
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

ROSENBERG, LEONARD L
5200 BLUE EAGOON DRIVE
MIAMI, FL 33126

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

NILS EKMAN
3200 NW 112 AVENUE
(P.O. Box or personal mailbox NOT acceptable)
MIAMI, FL 33172

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.

Nils
(Signature of an officer, chairman or vice chairman of the board)

NILS EKMAN, COO
(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.*

Nils
(Signature of Registered Agent)

7/17/2003
(Date)

If signing on behalf of an entity:

NILS EKMAN
(Typed or Printed Name)

Vice President and COO
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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