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(((H21000336281 3)))



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Division of Corporations

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From:

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Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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REGISTERED AGENT CHANGE CARGO FORCE, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations Cargo Force, Inc. Name of Corporation F03000004503 DOCUMENT NUMBER: 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo 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

Name of Contact Person

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

H21000336281 3

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

statement of cha	provisions of sections 607.0502, 617 nge is submitted for a corporation o r to change its registered office or r	organized u	nder the lav	ws of the State of	Delaware		
l. The name of t	he corporation: Cargo Force, I	nc.					
2. The principal MIAMI, FL	office address: 9130 S DADEL _ 33156	AND BL	VD SU	TE 1801			
-	ddress (if different):						
4. Date of incorp	poration/qualification: 9/8/2003		Document	number: F0300	000450	3	_
	street address of the current registe tment of State: (If resigned, enter re		nd registere	ed office on file w	rith the		
	ROTH, ESQ., JEFFR	REY C.					
	ROTH & SCHOLL	866 SOUTH DIXIE HWY				3	21
	CORAL GABLES,		FL	33146			2021 SEP
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.							10 AH 8:
	155 Office Plaza Dr.	O. Box NOT a	Suite A		_	품	5
	Tallahassee	FL	3230	1			
The street addre	ess of its registered office and the s be identical.	treet addres	ss of the bu	siness office of i	its registere	ed agent,	
Such change wa	as authorized by resolution duly ad ne board, or the corporation has bec	opted by its en notified	s board of o	directors or by ar of the change.	n officer so)	
s Angelo G	jencarelli	Ange	elo Gend	carelli	CFO		
Signatui	re of an officer or director			ted or typed name and			
l hereby accept l further agree t of my duties, an document is bei corporation has	the appointment as registered age, to comply with the provisions of ali d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agre I statutes re e obligation in the region ange.	re to act in rlative to the n of mv pos stered offic	this capacity, se proper and con ition as registere e address, I here	mplete perj ed agent. C rby confirm	formance Or, if this 1 that the	e S
Hock	angu Ht	09	/10/2021	1			
Sign	nature of Registered Agent			Date			
If signing on be	half of an entity:						
Mackenzie Hart,	Assistant Secretary						
ту	yped or Printed Name						
	* * * FILIN	G FEE: \$3	5.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)