# F05000002894

	Requestor's Name)	
(17	requestors Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	<del>(</del> #)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name	e)
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(L	ocument Number)	
Certified Copies	Certificates of	of Status
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SECNLIARY OF STATE
TALLAHASSEE, FLORIDA

RA. Chg. C.COULLIETTE

FEB 2 1 2012

**EXAMINER** 

### **COVER LETTER**

TO: Amendment Ser Division of Cor	ction porations
SUBJECT:	Morgan Air Freight Corporation  Name of Corporation
DOCUMENT NUMBE	F0F0000004
The enclosed Statement	of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
W.	Rea
	Name of Contact Person
_1	JRAI
11	600 College Blvd, Suite 210
	verland Park, KS 66210 City/State and Zip Code
E-ma	info a Nrai Com il address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
W. Rea	Contact Person at (900) 550- 6124  Area Code & Daytime Telephone Number
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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of <u>CA</u> rt corporation organized under the laws of the State of Florida.
1. The name of th	ne corporation: Morgan Air Freight Corporation
	office address: 7021 Koll Ctr Parkway n, CA 94566
3. The mailing ad	ddress (if different):
4. Date of incorpo	oration/qualification: 10/12/2007 Document number: F05000002894
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	MATT THOMPSON
_	11600 College Blvd, Suite 210
_	Overland Park, KS 66210
6. The name and : (if changed):	street address of the new registered agent (if changed) and /or registered office
-	NRAI Services, Inc.
_	515 East Park Avenue
-	P.O. Box NOT acceptable  Tallahassee, FL 32301  P.O. Box NOT acceptable  RS 74  FL S 99  RS 74  FL S 74  FL S 75  FL S 7
The street addres as changed will b	es of its registered office and the street address of the business office of its registered agent, one identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signature	OF AN OFFICE OF TYPES AND THE FINANCE Printed or Types name and title
I hereby accept to I further agree to of my duties, and document is bein corporation has l	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of a statutes relative to the proper and complete performance of a statute of a statute of the proper and complete performance of this grant for a statute of the proper and complete performance of this change in the registered office address, I hereby confirm that the been polified in writing of this change.
ь <i>И ////</i>	S. J.
f signing on beh Wendy D Re	alf of an entity:  PAI SENTUL. NC.  Pa. Assistant Secretary  ed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

### **COVER LETTER**

Division of Corporations
SUBJECT: Morgan Air Freight Corporation  Name of Corporation
DOCUMENT NUMBER: F05000002894
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:
W. Rew Name of Contact Person
Name of Contact Person
NBAI
Firm/Company
11400 College Blvd, Suite 210
11400 College Blvd, Suite 210 Overland Park, KS 66210
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
W.Kea Name of Contact Person at (800) 550- 6724  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Euclosed is a \$35.00 check made payable to the Department of State.

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

TO:

Amendment Section

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, ange is submitted for a corporation organized under the laws of the vertex to change its registered office or registered agent, or both, in the l	State of CA	
	the corporation: Morgan Air Freight Corporation		
	on, CA 94566		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 10/12/2007 Document number:	F05000002894	
	d street address of the current registered agent and registered office of nument of State: (If resigned, enter resigned)	on file with the	
	MATT THOMPSON		
	11600 College Blvd, Suite 210	ard .	
	Overland Park, KS 66210	12 FEB 20 ALLANASS ALLANASS	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or regis	ب <del>دار</del> .	FILE
	NRAI Services, Inc.	OF S. F.L.	_
	515 East Park Avenue P.O. Box NOT acceptable		
	P.O. Box NOT acceptable Tallahassee, FL 32301	Dr. 4	
The street address changed will	ess of its registered office and the street address of the business of he identical.	fice of its registered agent,	
Such change was	as authorized by resolution duly adopted by its board of directors he poard; or the corporation has been notified in writing of the chi	or by an officer so ange.	
1 Signatu	er at an officer or director Printed or typed	IGUZ VF FINANC	.5_
l hereby accept I further agree to if my duties, an document is bel corporation has	the appointment as registered agent and agree to act in this capa to comply with the provisions of all statutes relative to the proper ad I am familiar with and accept the obligation of my position as the filed merely to reflect a change in the registered office address to be a position of this change.	ncity, and complete performance registered agent. Or, if this s, I hereby confirm that the	
by: III	paters of Registered Agent Date	112	
	half of an ontity: U. Inc.		
	ea, Assistant Secretary		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)