

F05000002894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

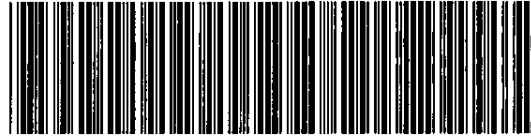
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*R.A. Chg.*  
C.COULLIETTE

FEB 21 2012

EXAMINER

## COVER LETTER

TO: Amendment Section  
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. Rea

Name of Contact Person

NRAI

Firm/Company

11600 College Blvd, Suite 210

Address

Overland Park, KS 66210

City/State and Zip Code

info@nrai.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Rea

Name of Contact Person

at ( 800 ) 550-6724

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

1. The name of the corporation: Morgan Air Freight Corporation  
2. The principal office address: 7021 Koll Ctr Parkway  
Pleasanton, CA 94566  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/12/2007 Document number: F05000002894

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)

MATT THOMPSON

11600 College Blvd, Suite 210

Overland Park, KS 66210

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

NRAI Services, Inc.

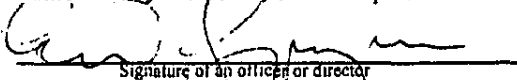
515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

  
\_\_\_\_\_  
Signature of an officer or director

ERIC SPRAGUE, VP FINANCE  
\_\_\_\_\_  
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.*

NRAI Services, Inc.  
  
\_\_\_\_\_  
Signature of Registered Agent

2/7/2012  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
NRAI Services, Inc.  
Wendy D Rea, Assistant Secretary  
\_\_\_\_\_  
Typed 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)

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[Signature]  
Signature of an officer or director

ERIC SPRAGUE VF FINANCE  
Printed or typed name and title

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I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
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by: [Signature]  
Signature of Registered Agent

2/7/2012  
Date

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NRAI Services, Inc.  
Wendy D Rea, Assistant Secretary  
Typed or Printed Name

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

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