

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : 120080000085 Phone : (770)777-2091

Fax Number : (770)220-1943

09 FEB 23 PM 2: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

MCL-MULTI CONTAINER LINE, INC.

RECEIVED
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ECRETARY OF STATE
LLAHASSEE. FLORIDA

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(((H09000042559 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga	mized under the laws of the State of Point	ware
	ler to change its registered office or regis		da.
	The name of the corporation: MCL-Multi Container Line, Inc.		
2. The principal	l office address: 7700 NORTH KENDALL	. DR, STE 503 MIAMI FL 33156	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 02/08/2006	Document number: F0600000	00817
5. The name an	d street address of the current registered a		
	JANET T. MUNN, FELDMAN	BALE, P.A.	· · · · · · · · · · · · · · · · · · ·
	ONE BISCAYNE TOWER, 30TH FLOOR2 SOUTH BISCAYNE BLVD.		
	MIAMI FL 33131 US		EB 23
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	ARY OF SHASSEE, FI
	Kurt Diener		022 022 032
	7700 North Kendall Drive, Suite 503		
	(P.O. Box NOT scooperble		•
The street addr as changed will	ess of its registered office and the stree I be identical.	t address of the business office of its re-	gistered agent,
Such change w authorized by t	ras authorized by resolution duly adopto the board, or the corporation has been n	ed by its board of directors or by an officified in writing of the change.	icer so
/s/Kurt Diener Kurt Diener, Asst. Secretary (Signature of an officer or director) (Printed or typed name and title)		.	
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered agent at to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and comple ligation of my position as registered ag he registered office address, I hereby co z.	le performance gent. Or, if this onfirm that the
/s/Kurt l	Diener gnature of Registered Agent)	2/23/2009 (Date)	
	chalf of an entity:	•	
	Typed or Printed Name)		
	* * * FILING F	EE: \$35.00 * * *	
1.7	MAKE CHECKS PAYABLE TO FL		1.4

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05) (((H09000041559 3)))