

F120000000688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

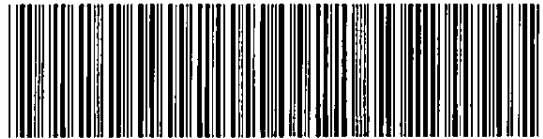
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700440552037

FILED

RECEIVED

2025 FEB -6 AM 9:42

2025 FEB -6 PM 3:55

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 02/06/25
Order #: 1796779-2
Re: CAVALIER LOGISTICS, INC.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "TO WHOM IT MAY CONCERN:" line.

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F12000000688

(Document number of corporation (if known))

1. CAVALIER INTERNATIONAL AIR FREIGHT INC.
(Name of corporation as it appears on the records of the Department of State)
2. NEW JERSEY 3. 02/14/2012
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 01/01/2025
5. CAVALIER LOGISTICS, INC.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

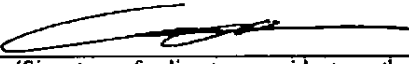
Signature of New Registered Agent, if changing

FILED
2025 FEB -6 AM 9:42
TALLAHASSEE, FLORIDA

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

 _____ (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	
Yoshitaka Itagaki _____ (Typed or printed name of person signing)	CFO _____ (Title of person signing)

FILING FEE \$35.00

AMEND-56559

FILED
 2025 FEB -6 AM 9:42
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

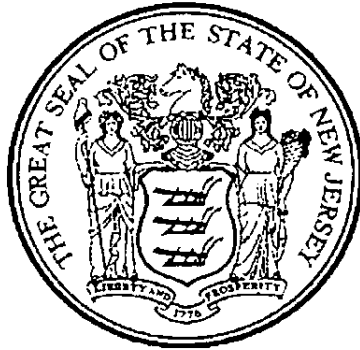
STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
CERTIFICATE OF MERGER WITH NAME CHANGE

0100242441

CAVALIER INTERNATIONAL AIR FREIGHT INC.

Changing name in Merger To
CAVALIER LOGISTICS, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above-named
New Jersey Domestic Profit Corporation
did on the 25th day of November, 2024 file and record
in this department a Certificate of Merger of
CAVALIER LOGISTICS MANAGEMENT II, INC.
into CAVALIER INTERNATIONAL AIR FREIGHT INC.
changing name in merger to
CAVALIER LOGISTICS, INC.
which is the surviving corporation. This Certificate is
herein issued as by the statutes of this State required.*



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
5th day of February, 2025

A handwritten signature in cursive script, reading "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 145927378

Verify this certificate online at

<https://www.njportal.com/DOR/businessrecords/Validate.aspx>