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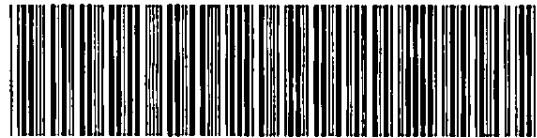
(Business Entity Name)

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FALL MASSACHUSETTS

Resolution To
chg Alt Name

DEC 22 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ESHIPPER USA CORPORATION**

(Name of Corporation)

DOCUMENT NUMBER: **F17000004806**

The enclosed *Resolution of the Board of Directors to Change the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMED A KERMALLI

(Name of Contact Person)

(Firm/Company)

490 SUNSHADOW DR, STE 1030

(Address)

CASSELBERRY, FL 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

MOHAMED A KERMALLI **718** **406-4456**

(Name of Contact Person)

at (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE
THE ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned MOHAMED A KERMALLI, do hereby certify
(Name)that this Resolution of the Board of Directors of _____
ESHIPPER USA CORPORATION
(Name of Corporation)a corporation duly organized and existing under the laws of DELAWARE
(State or Country)was adopted on 06/27/2007, changing the alternatename in Florida from SMARTELOGIX CORPORATION to
(Current Alternate Name)ESHIPPER USA FL CORPORATION
(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: 12/22/2017M. Kermalli
Signature of Chairman, Vice Chairman of the Board, a
director or any officerSECRETARY
Title of person signing**FILING FEE \$35**

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314FILED
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SECRETARY
TALLAHASSEE, FLORIDA