

F23000000562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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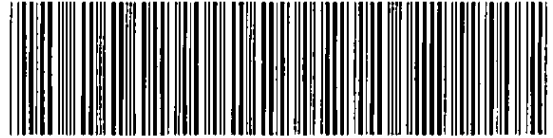
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCHRYVER LOGISTICS USA
Name of Corporation

DOCUMENT NUMBER: F23000000562

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:

ROGELIO TOLEDO

Name of Contact Person

SCHRYVER LOGISTICS USA

Firm/Company

350 NURSERY RD. STE 7200B

Address

SPRING, TX 77380

City/State and Zip Code

rogelio.toledo@schryver.com

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

For further information concerning this matter, please call:

Rogelio Toledo

Name of Contact Person

at (832) 458-8888

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: SCHRYVER LOGISTICS USA INC
2. The principal office address: 350 NURSERY RD. STE 7200B, SPRING, TX 77380

3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: JANUARY 31, 2023 Document number: F23000000562

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)

ROBERTO LOPEZ

7950 NW 77 STREET, UNIT 1.

MIAMI, FL 33166

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

THIAGO FIUZA

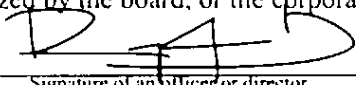
7950 NW 77 STREET, UNIT 2.

P.O. Box NOT acceptable

MIAMI, FL 33166

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

ROGELIO TOLEDO - GENERAL MANAGER

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.

THIAGO VARONI
FIUZA:02110239905
Date: 2023/07/15 08:47
04:00

Signature of Registered Agent

JULY 07, 2023

Date

If signing on behalf of an entity:

THIAGO FIUZA

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 (04/13)