3000000562

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/11/23--01010--006 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations		
SCHRYVER LOGISTICS USA SUBJECT:		
SUBJECT.	Name of Cor	poration
DOCUMENT NUMBER: F23000000562		
The enclosed Affidavit by Foreign Corporations submitted for filing.	ion to Chan	ge/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning t	his matter t	o 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 annua	l report notif	ication)
For further information concerning this matte	r, please ca	II:
Rogelio Toledo Name of Contact Person	832	458-8888
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check made payable to the Flor	ida Departn	nent of State for the following amount:
©\$35.00 Filing Fee		Filing Fee & S52.50 Filing Fee. ied Copy tional copy is enclosed) \$ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:		Street Address:
Amendment Section		Amendment Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the firs	st calendar year of qualification)		
1. The name of the foreign corporation as it appears or SCHRYVER LOGISTICS USA INC	the records of the Florida Departi	nent of	State is:
2. This entity was authorized to transact business in Fl number is F23000000562	orida on JANUARY 31, 202 and its	Florid	a document
3. This corporation was formed under the laws of TEXAS			E
4. The name and address of each officer and/or director	or is as follows:		
<u>Title:</u> PRESIDENT	Name and Address ROGELIO TOLEDO	٠,	A:
	350 NURSERY RD. UNIT 2		22
	SPRING TX 77380		
(Attach additional page	s if necessary)		
P-A-D	PRESIDENT		
mature of an officer or director	Title of person signing		_

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)

Typed or printed name of person signing

ROGELIO TOLEDO