9/27/22, 1:05 PM

Division of Corporations

## Florida Department of State Division of Corporations Electropic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## SEP 37 WE

## REGISTERED AGENT CHANGE MERCURY AIR CARGO, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	(7.0302, 607.1308, or 617.1308, Florida Storganized under the laws of the State of $\frac{C}{registered}$ agent, or both, in the State of $Fl$	alifornia
1. The name of	the corporation: MERCURY AIR C	TARGO, INC.	
	office address: 6040 Avion Dr. 2nd		
Los Angeles, CA			a Managari
3. The mailing a	iddress (if different):		
4. Dateofincorp	oration/qualification: 07/05/1994	Document number: F94(00(00)	3513
	d street address of the current regis rtment of State: (If resigned, enter r	tered agent and registered office on file with resigned)	h the
	CORPORATION SERVICE COM.	PANY	
	1201 HAYS STREET	<del></del>	
	TALLAHASSEE, FL 32301-2525		2022 9
6. The name and (ifchanged):	d street address of the new register	ed agent (if changed) and /or registered offic	2022 SEP 27
	C T Corporation System		HAR R
	1200 South Pine Island Road		Cors Torio
	Plantation, Florida 33324	P.O. Box NOT acceptable	7 2
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an o	officer so
Lia.	ad Other	Liane C. Kelly	
Signatu	re of an officer or director	Printed or typed name and title	c
I further agree of my duties, an document is bei	to comply with the provisions of a id I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this ci	ent and agree to act in this capacity. all statutes relative to the proper and comp he obligation of my position as registered e in the registered office address, I hereby hange.	olete performance agent. Or, if this v confirm that the
•	Onie Bell	08/18/2022	
_	nature of Registered Agent chalf of an entity:	Date	
Denise Bell - As	•		
	yped or Printed Name		
	. 4 A TIX IA	UZ PPP	

\* \* \* 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)

By: