3/6/2018



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Address:				
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## REGISTERED AGENT CHANGE COMMODITY FORWARDERS, INC.

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MAR 07 2018 T. LEMIEUX

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

statement of cha	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of California &				
1. The name of	the corporation: COMMODIT	Y FORWARDERS, INC.				
1. The name of the corporation: COMMODITY FORWARDERS, INC. 2. The principal office address: 2876 NW 72 AVENUE MIAMI, FL 33122						
3. The mailing a	address (if different): 10 Exch	ange Place, 19th Floor, Jersey City, NJ 07302				
4. Date of incor	poration/qualification:	Document number: F98000005797				
5. The name and		registered agent and registered office on file with the				
	WEST, BRIAN					
	2876 NW 72 AVENUE					
	MIAMI, FL 33193					
6. The name and (if changed):	f street address of the new re	gistered agent (if changed) and /or registered office				
	C T Corporation System					
	c/o C T Corporation System,	1200 South Pinc Island Road				
	Plantation, Florida 33324	P.O Bos NOT acceptable				
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registered agent,				
Such change was authorized by the	as authorized by resolution due board, on the corporation i	uly adopted by its board of directors or by an officer so has been notified in writing of the change.				
1 C-	re of an officer and rector	Stephen Savarese, Secretary  Printed or typed name and fille				
	The same of the sa	ed agent and ugree to act in this capacity, s of all statutes relative to the proper and complete with and accept the obligation of my position as registered erely to reflect a change in the registered affice underess, I notified in writing of this change.				
С Т Со <del>п</del> Ву:	poration System	2/12/2018				
	nature of Registered Agent	Date ( )				
	half of an entity:					
Mike Jones, Assis	stant Secretary ped or Printed Name					
	***F	ILING FEE: \$35.00 * * * * * * * * * * * * * * * * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)