F9900004999

(Re	equestor's Name)	
(Ad	dress)	,
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: ADVANCED LOGISTICS MANAGEMENT, INC. (Name of Corporation)
DOCUMENT NUMBER: F 990000 4979
Please return all correspondence concerning this matter to the following:
BRIAN D. Mc GAKY (Name of Person)
(Name of Person)
ADVANCED LOGISTICS MANAGEMENT, INC. (Name of Firm/Company)
(Name of Finil/Company)
15960 WEST WIND CIRCLE
(11441455)
SUNRISE FL 33326 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 448-1831 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2008

BRAIN D. MCGARY ADVANCED LOGISTICS MANAGEMENT, INC. 15960 WEST WIND CIRCLE SUNRISE, FL 33326

SUBJECT: ADVANCED LOGISTICS MANAGEMENT, INC.

Ref. Number: F99000004979

We have received your document for ADVANCED LOGISTICS MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

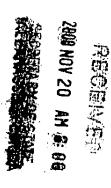
Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 108A00044459



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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: ADVANCED LOGISTICE MANAGEMENT INC.	
2. The principal office address: 909 ShotGun ROAD	
SUPRISE, FC 33336	
3. The mailing address (if different): 1パン WESTON PA #177	
WESTON FL 33326	
4. Date of incorporation/qualification: 9/24/99 Document number: F9900004979	
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)	0
CAROLE A. MCBARY	V 151
CAROLE A. MCBARY 1709 SUDSET ISLES RD. 20	DIVISION OF CORPORAT
Fr. PIERCE FL 34949	
(if changed): BRIAN D. MCGARY	
(5960 W. WIND CIRCLE	
(P.O. Box NOT acceptable) Swrse, Fl 33326	
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) BRIAN MG ARY U. PRES. DEUT (Printed or typed named 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.	
(Signature of Begistered Agent) Z/U6/07 (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Typed or Printed Name) * * * FILING FEE: \$35.00 * * * 7 73 78 78 78 78 78 78	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)