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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Av. Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

SEP 14 2009

EXAMINER

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ALLAHASSEE FLORID

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Presidential Services Incorporated

Business Services • Since 1991 28015 Smyth Drive, Valencia, CA 91355, United States of America Phone (661) 259-8987 / (800) 959-8819 Fax (661) 257-0263

Attn: Florida Department of State

Enclosed are a check and a signed copy of the reinstatement and change of registered agent for: International Air Cargo, LLC

Can you please file these documents and ship a copy of the filed documents back to me via FedEx in the envelope which I have provided.

Please contact us if there are any questions about the filing.

Thank you,
Gerson Isaac Hernandez
Legal Department Director
Presidential Services Incorporated
gerson@companiesinc.com

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: International Air Cargo, LLC (Name of L	cimited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Gerson Hernandez			
(Name of Person)			
Registered Agents of America, Inc. (Firm/Company)			
(rum/company)			
28015 Smyth Dr.			
(Address)			
Valencia, CA 91355			
(City/State and Zip Code)	——————————————————————————————————————		
For further information concerning this matter	er, please call:		
Gerson Hernandez	at (661) 253-3303		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability comp	oany is: Interna	ational Air Cargo, LLC		
2. The mailing address of	f the limited liab	oility company	is: 80 S.W. 8th Street,	Suite 2000	
Miami, Florida 33130					
01/20/2004			L0400005072		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of	red agent and the State:	he registered o	office address as shown	on the records of the	
	MARSHA HO	OLLOWAY			
	0000 184/ 400	Name			
	8250 NW 136TH AVENUE ROAD Address				
	OCALA FL 34482 US				
		City, State a	ind Zip	•	
6. The name and address	of the new regis	stered agent an	id/or office:		
	Registered Ag	gents of Ame	rica, Inc.		
	100 5 4 5 4	Name	2		
	199 East Flagle				
	riorida street	address (P.O.	Box NOT acceptable)		
	Miami	FL	33131		
	·	City, State an	d Zip		
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement of the line of the member or author (Signature of a member or author)	hange or change the registered a reby confirmed nited liability cont of the limited	es are made, the second of the	ne Florida street address dentical. Or, in the case ge(s) was/were authorize otherwise provided in th	of the registered office of a Florida limited ed by an affirmative vote	
John Donaldson - Manag	er				
(Printed or typed name of signee)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S.) Or, if address, I hereby confirm	intment as regis is of all statutes d accept the ob- this document is that the limited	stered agent an relative to the ligations of my s being filed to I liability com	nd agree to act in this co e proper and complete p y position as registered merely reflect a change pany has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent)					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314