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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2006

FERNANDO SANTA CRUZ P.O. BOX 4092 HIALEAH, FL 33014

SUBJECT: FREIGHTSOLUTIONS LLC

Ref. Number: L06000027460

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 206A00036874

2006 JUNITA AMILITAN

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Freight Sol (Name of Limite	utions LLC d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
TERNANDO Santa CRU (Name of Person)	<u>₹</u>	
Treightsolutions LLC	<u>.</u>	
P.O. Box 4092 (Address)	2006 JUN 14	
Hialeah, FL 33014 (City/State and Zip Code)	ARY OF STATE OF THE CONTROL OF THE C	
For further information concerning this matter, ple	ease call:	
Ternendo Santa Cevz at (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 am	ount:	
\$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 limited liability company is: Treightsolutions LLC
2. The mailing address of the limited liability company is: P.O. Box 4092
Hialeah FL 33014
3.13.06 LOGDOOD27460
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: FELNANDO SANTO CRUZINAME 14832 N.W. 88 PL Address SECRETARY OF STAR City, State and Zip City, State and Zip City, State and Zip City City
Wiami Lakes FL 33018 皇際 日本
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office: FERNAN DO SANTA CIUZ Name 1775 N.W. 70 Are #10 Florida street address (P.O. Box NOT acceptable)
Miami FL 33126 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
Ternando Sonta Cruz (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agest)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00