## 10000005847

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## COVER LETTER

Registration Section

	Division of Corporations				
SUBJI		ite Cargo LLe	C ility Company)		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	l Office Chang	ge and fee(s) are submitted	d for filing.	
Please	return all correspondence concerning	ng this matter	to the following:		
Jame	s Damon				
	(Name of Person)		-	TA:	
Exped	dite Cargo LLC			07 MAY 24 SECRETARY ALLAHASSE	( <del></del>
	(Firm/Company)		_	H 21 HASS	(7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
2425	E. Landstreet Road, Suite 600				
	(Address)		_	AM II: LS Of State E. Floridi	Towns.
Orland	lo, FL 32824			DA S	
	(City/State and Zip Code)	<del></del>			
For fur	ther information concerning this ma	atter, please ca	ll:		
James	. Damon	at ( 407	) 234-8775		
	(Name of Person)		(Area Code & Daytime	Telephone Num	ıber)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	:	
	Enclosed is a check for the follow	ving amount:			-
7	<b> ✓</b> \$25 Filing Fee		555 Filing Fee & Certified	i 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: Expedite C	Dargo LLC	,		
2. The mailing address of the limited liability company is:	2425 E. Landstreet Rd., Suite 600	,		
Orlando, FL 32824				
10/31/2006	L06000105847			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered office Florida Department of State:	e address as shown on the records of the	;		
SPIEGEL & UTRERA, P.A.	T			
Name	77	and the latest		
1840 SW 22ND ST. 4TH FLOO	OR CRED	J A		
Address	1724 1ASS	<del></del>		
MIAMI FL 33145 US	mi~∹			
City, State and 2	Zip 프루 큐 네			
City, State and Zip  6. The name and address of the new registered agent and/or office:  James Damon				
James Damon	IDA			
Name 2425 E. Landstreet Rd., Suite 60				
Florida street address (P.O. Box				
Tiorida suver addiess (1.0. Dox	(110 i deceptable)			
Orlando FL 328	324			
City, State and Zi	ip			
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  (Signatur of a member or authorized representative of a member)	lorida street address of the registered offi ical. Or, in the case of a Florida limited was/were authorized by an affirmative v rwise provided in the articles of organiza	vote		
James Damon				
(Printed or typed name of signee)	-			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agr oper and complete performance of my du sition as registered agent as provided for rely reflect a change in the registered off has been notified in writing of this chan	ree to ities, r in fice nge.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)