

L08000051696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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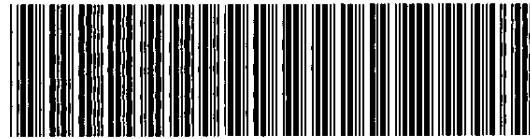
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
10 DEC 16 AM 10:36

B. KOHR

DEC 17 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Weston Global Logistics, LLC  
Name of Limited 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 matter to the following:

Pablo Parada-Lopez

Name of Person

Weston Global Logistics, LLC

Firm/Company

304 Indian Trace Suite# 324

Address

Weston, Florida 33326

City/State and Zip Code

pparada-usa@locksleysrl.com.ar

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Parada-Lopez

Name of Person

at ( 954 )

605-5680

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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. Name of the limited liability company: Weston Global Logistics, LLC

2. (a) Principal office address of limited liability company: 304 Indian Trace Suite # 324

**(Note: MUST BE STREET ADDRESS)**

Weston, Florida 33326

(b) Mailing address of limited liability company: 304 Indian Trace Suite # 324

**(Note: MAY BE POST OFFICE BOX)**

Weston, Florida 33326

May 23, 2008

3. Date of filing/registration in Florida

L08000051696

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Pablo Parada-Lopez

Registered Office Address:

318 Indian Trace Suite # 324  
Weston, Florida 33326

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

304 Indian Trace Suite # 324

Weston, FL 33326

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

Pablo Parada-Lopez

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, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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

FILING FEE: \$25.00