L12000070353

| (Re | equestor's Name) | | | |
|---|--------------------|-----------------|--|--|
| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | : #) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (B i | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE

K. GALT EXAMINER JUL 29



FLORIDA DEPARTMENT OF STATE Division of Corporations

2016 JUL 26 PM 1:28

July 13, 2016

ACF CARGO LLC PAUL WILLIAMS 8401 SW 4 ST. MIAMI, FL 33144

SUBJECT: ACF CARGO LLC Ref. Number: L12000070353

We have received your document for ACF CARGO 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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 416A00014645

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: ACF CARGO LLC Name of Limited Liability Company | | | | | |
| Name of | Elithed Elaothty Company | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this ma | atter to the following: | | | | |
| Paul Williams Name of Person | | | | | |
| ACF CARGO LLC Firm/Company | | | | | |
| 8401 SW 454. | - | | | | |
| Miani F1. 3314 City/State and Zip Code | 44 | | | | |
| ACF CARGO & GA E-mail address: (to be used for future annual r | | | | | |
| For further information concerning this matter, plea | se call: | | | | |
| Paul Williams 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 amount: | | | | | |
| INHS18 (2/14) Para | □ \$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 605.0114 or 605.0116, 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 10/14 | | | | |
|-----------------------------------|---|--|---|-----------------------|
| 1. Na | ame of the limited liability company: $_$ ACF C | ARGO LLC | 2 | |
| 2. (a) | S401 SW 45 ⁴ Miami G. 33144 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | <u> </u> | ress of limited liability co | mpany: |
| ٠ | 8401 SW 4 St | P.O. Box | 440668 | |
| | Miami F1. 33144 | • • • • • • | F1. 33 | 144 |
| | July 13, 2012 Date of filing/registration in Florida 4. | L12000 | 070353 | |
| 3. | | Documer | nt number | |
| 5. (a) | | | | |
| | Registered Agent and Registered Office shown on the records of the Florid | a Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRES | <u> </u> | | |
| | 8401 5W 4 St | <u>51</u> | | |
| | | | 2016 51 1AL | |
| | Miami Fl. ,FL 331 | 144 | | |
| (b) | Paul Williams | | 2016 JUL 26 SECRETARY FALLAHASSE | - |
| | Enter name of NEW Registered Agent and/or NEW Registered Office at | <u>idress</u> : | mg 79 | |
| | Paul Williams | | SIATE SLORIE | , |
| | NEW Registered Office Address: | | 7 | |
| | 8401 SW 457 | | | |
| | Miami Fl. ,FL 33 | 144 | | |
| the cha agent was/w the art | limited liability company is not organized under the laws of the ange or changes are made, the Florida street address of the regwill be identical. Or, in the case of a Florida limited liability of the authorized by an affirmative vote of the members of the linited organization or the operating agreement of the limited | istered office and the bompany, it is hereby conted liability company. | business office of the confirmed that the cha | registered ange(s) |
| Signa | ature of a member or authorized representative of a member | 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 605, 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