L14000046530

| (Re | equestor's Name) | | |
|-------------------------|--------------------|-----------|--|
| (Address) | | | |
| (Ad | Idress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | MAIT | MAIL | |
| (Bu | ısiness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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FEB 1 7 2016

3 MASON

COVER LETTER

| TO: Registration Division of | Section Corporations | | |
|---|--|-----------------|--------------------------------------|
| SUBJECT: INTE | RNATIONAL LOGISTIC | | LLC iability Company |
| Dear Sir or Madam: | | | |
| The enclosed Regist | tered Agent/Registered Offic | e Change and | fee(s) are submitted for filing. |
| _ | | • | • |
| Please return all cor | respondence concerning this | matter to the | following: |
| | | | |
| Carlos Martir | | | |
| | Name of Person | | |
| Florida Regis | ster Agents Corp | | |
| | Firm/Company | - | |
| | | | |
| 14335 sw 12 | 0 st ste 110 | | |
| | Address | | |
| Miami, FL 33 | 3186 | | |
| | City/State and Zip Code | | |
| SALESTAX | @CMLLC.CO | | |
| E-mail address | @CMLLC.CO s: (to be used for future annu- | al report notif | ication) |
| For further informat | ion concerning this matter, p | lease call: | |
| Carlos Marti | nez | at (305 |) 387-0076 |
| Nar | ne of Person | \. | Area Code & Daytime Telephone Number |
| STREET/C | OURIER ADDRESS: | M | AILING ADDRESS: |
| Registration | Registration Section Registration Section | | |
| | Division of Corporations Division of Corporations | | |
| | Clifton Building P.O. Box 6327 | | |
| | tive Center Circle , Florida 32301 | Та | llahassee, Florida 32314 |
| Enclosed is a check for the following amount: | | | |
| 🕱 \$25 Filin | g Fee | □ \$: | 55 Filing Fee & Certified Copy |
| INHS18 (2/14) | | | |

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

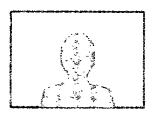
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Na | me of the limited liability company: INTERNATI | IONAL L | JGISTIC | S CARGO, LLC |
|-----------------------------------|--|--|---|--|
| 2. (a) | 7225 NW 54 STREET | (b) | 7225 | NW 54 STREET |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | N | Mailing address of limited liability company: * (Note: MAY BE POST OFFICE BOX) |
| | Miami, FL 33166 | _ | Mia | ami, FL 33166 |
| 3 | Feb 11, 2016 | - | | 14000046520 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | ARGINIEGAS, VICTOR D | | | |
| | Registered Agent and Registered Office shown on the records of | f the Florida | Dept. of State |); - |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | |
| | 9619 FONTAINE BLEAU BLVD STE 61 | | | |
| | Miami | 2247 | | |
| | , F | L3317 | | |
| (b) | FLORIDA REGISTERED AGENTS CO | ORP | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | d Office add | ress: | ASSET IN |
| | | | | E P P |
| | NEW Registered Office Address: | | | F 31 STATI |
| | 14335 sw 120 st ste 110 | | | TE 30 |
| | Miami, F | L <u>331</u> | 36 | |
| the char agent w was/we | mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of or the interest of the operating agreement of the | f the regis iability cor of the limi | tered office mpany, it is ted liability | and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in |
| | ¥ <u>Z-</u> | | Olg | a Rondon |
| | ure of a member or authorized representative of a member | | | Printed or typed name of signee |
| provision the oblition to mere | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, It in writing of this change. | ree to act e performa ed for in C hereby co | in this capa nce of my a hapter 605 nfirm that i | ncity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been |
| Signatur | e of Registered Agent | | | |

Signature Certificate

Document Reference: I47TXEJ9GJPBS4ZVGDRY9P





Olga Rondon

Party ID: DVJU59JCS3D39C2XAGXLG8

IP Address: 96.84.6.62

VERIFIED EMAIL: | olgaluronve@hotmail.com

Electronic Signature

Multi-Factor
Digital Fingerprint Checksum

50cafe0182df967a5c39609fb31213f10247952f



| Timestamp | Audit |
|---------------------------|--|
| 2016-02-11 12:13:44 -0800 | All parties have signed document. Signed copies sent to: Olga Rondon and |
| | Carlos. |
| 2016-02-11 12:13 45 -0800 | Document signed by Olga Rondon (olgaluronve@hotmail.com) with drawn |
| | signature 96.84.6.62 |
| 2016-02-11 12:06:15 -0800 | Document viewed by Olga Rondon (olgaluronve@hotmail.com) 96.84.6.62 |
| 2016-02-11 10:40:50 -0800 | Document created by Carlos (cjm@cmllc.co) 173.162.72.58 |

