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| siness Entity Na | me) | | | | | |
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| Certificate | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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1. HARRIS

COVER LETTER

| | cn Section Corporations | | | | | |
|---|-----------------------------------|---------------------------------------|---|--|--|--|
| SUBJECT: | CARGOUSCANA | DA | | | | |
| 50B0EC1 | Name of Limited Liability Company | | | | | |
| Dear Sir or Madar | 1; | | | | | |
| The enclosed Reg | i tered Agent/Registered Off | ice Change and | fee(s) are submitted for filing. | | | |
| Please return all c | crespondence concerning th | is matter to the | following: | | | |
| Aksana | | | | | | |
| | Name of Person | · · · · · · · · · · · · · · · · · · · | | | | |
| Cargouscanad | a, LLC | | | | | |
| | Firm/Company | | | | | |
| 2632 Newbolt | Dr | | | | | |
| | Address | | . | | | |
| Orlando, FL | 32817 | • | | | | |
| | City/State and Zip Code | | _ | | | |
| toaisw@gmail. | com | | | | | |
| E-mail addre | s: (to be used for future and | nual report noti | | | | |
| For further inform | tion concerning this matter | , please call: | 4 | | | |
| Aksana | | 90 4 | 999 7278 | | | |
| N | eme of Person | | Area Code & Daytime Telephone Number | | | |
| Registrati Division o Clifton B 2661 Exe | COURIER ADDRESS: | Re Di P. | AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | | | | |
| □ \$25 Fil | li 1g Fee · | 2 \$ | 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.

| ١. | Na | me of the li | nited liability company: CARGOUSCA | | | | | | |
|---------------|--------------------------|---|--|--|--|---|---|---|--|
| 2 | (a) | 2632 New | vbolt Dr | (h | 2632 N | Newbolt Dr | | | |
| ~ . | (4) | Princ | nal office address of limited liability company: Note: MUST BE STREET ADDRESS) | _ (- | ·// | Mailing address of l | | | |
| | | Orlando | FL 32817 | _ | Orlando | o, FL 32817 | | | |
| | | January | 06, 2016 | _ | L160000 | 004592 | | | |
| 3. | | Da | te of filing/registration in Florida | 4. | | Document num | iber | | |
| 5. | (a) | Maksim | V Tarasau | | | | | | |
| ٠, | (4) | Registered A | ent and Registered Office shown on the records of the | e Florida | a Dept. of Sta | nte: | | | |
| | | 8111 (| Castinango St | | | | | | |
| | | Registered O | fice Address (MUST BE FLORIDA STREET A. | DDRESS | | | | 16 FE | · |
| | | Orlando | , FL. | 32817 | | - | RETARY OF STATE AHASSEF, FLORID | .8 17 | CONTESTANTA CONTESTANTA |
| | (b) | Aksana | Tarasava | | | _ | F 0F 0 | P# (| |
| | | Enter name o | NEW Registered Agent and/or NEW Registered (| Office ad | <u>ldress</u> : | | E SE | 3: L 3 | رب |
| | | Aksana | Tarasava | | | _ | | ũ | |
| | | NEW Regist | red Office Address: | | | | | | |
| | | 2632 | Newbold Dr | | | _ | | | |
| | | Orlando | , FL_ | 32817 | | | | | |
| th ag w | e cha gent v as/wa | inge or chan vill be ident ere authorize | ty company is not organized under the law ges are made, the Florida street address of to cal. Or, in the case of a Florida limited lia d by an affirmative vote of the members of a nization or the operating agreement of the l | the regi bility co f the lin | stered offic ompany, it nited liabil | ce and the busine is hereby confirm ity company or as | ss office ned that | of the | registered ange(s) |
| | | | Wath. | Ma | ıksim V T | | | | |
| | _ | | er or authorized representative of a member | | | Printed or typed r | _ | • | |
| th to | ovisi e obi merc | ions of all st ligations of i elv reflect a | appointment as registered agent and agree tutes relative to the proper and complete pay to position as registered agent as provided shange in the registered office address, I have the change. | ee to ac perform I for in e ereby c | t in this ca lance of my Chapter 60 confirm tha | pacity. I further valuties, and I am 15, F.S. Or, if thi the limited liab | agree to n familiar is docume ility comp | compl r with a ent is t pany h | y with the and accept being filed as been |
| S | ignatu | re of Registere | NAgent S | | | | | | |