657998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600309186216

03/05/18--01012--004 **35.00

S TALLENT
APR 03 2018

FILED
18 APR -2 PM 1:09

RA - CH

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

PLACIDO SANCHEZ/PRESIDENT
7517-21 NW 52 ST
MIAMI, FL 33166

SUBJECT: ILS CARGO, CORP.
Ref. Number: L57998

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

WE ARE ENCLOSING A COMPUTER PRINTOUT WHICH REFLECTS THE CORRECT FICTITIOUS NAME FOR # 6. PLEASE AMEND ACCORDINGLY.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 718A00004609

RECEIVED
18 APR -2 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ILS CARGO CORP
Name of Corporation

DOCUMENT NUMBER: L57998

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PLACIDO SANCHEZ
Name of Contact Person

PRESIDENT
Firm/Company

7517-21 NW 52 ST
Address

MIAMI FL 33166
City/State and Zip Code

placido.sanchez@ilscargogroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PLACIDO SANCHEZ at (305) 718-3799
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ILS CARGO, CORP.

2. The principal office address: 7517-21 NW 52 ST
MIAMI FL 33166

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/13/1990 Document number: L57998

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ORTEGA CPA, IDELFONSO

8550 W FLAGUER ST SUITE 110

MIAMI FL 33144

FILED
10 APR -2 PM 1:09

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MESA & MESA ACCOUNTING AND TAX SERVICES

2441 NW 93rd Ave STE 101 Miami Fl 33172

P O Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

PLACIDO SANCHEZ-PRESIDENT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

2/20/2015
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)