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SECRETARY OF STATE
TALLAHASSEE, FI OBIN

D. BRUCE

JUL 06 2011

**EXAMINER** 



ACCOUNT NO. : 12000000195

REFERENCE: 820337 7143029

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 21, 2011

ORDER TIME : 4:44 PM

PORATION SERVICE COMPANY

ORDER NO. : 820337-285

CUSTOMER NO: 7143029

## CHANGE OF AGENT

NAME: AMB/AFCO CARGO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

## 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: AMB/AFCO CAR	GO, LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	PIER 1, BAY 1 ATTN: LEGAL DEPT
	SAN FRANCISCO, FL 94111
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PIER 1, BAY 1 ATTN: LEGAL DEPT
	SAN FRANCISCO, FL 94111
07/31/2000	M00000001566
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	NRAI SERVICES, INC.
Registered Office Address:	515 E. PARK AVENUE SG TALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited
Blanca Lozada, Authorized Person (Printed or typed name of signee)  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited pability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608,
By: That All	hange in the registered office address, I hereby in writing of this change.  Clizabeth A. Dawson, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00