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D. BRUCE

DEC 2.0 2011

EXAMINER

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: CMA CGM (A	Merica) LLC					
2. (a) Principal office address of limited liability compa	/-					
(Note: MUST BE STREET ADDRESS)	NORFOLK VA 23502	1				
(b) Mailing address of limited liability company:	5701 LAKE WRIGH	T DRIVE				
(Note: MAY BE POST OFFICE BOX)	NORFOLK VA 23502					
February 26, 2008	M08000000924					
3. Date of filing/registration in Florida	4. Document number	4. Document number				
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida D	Pept. of State:				
Registered Agent:	NRAI SERVICES, INC.	<u> </u>				
Registered Office Address:	SISE PARK AVENUE	>5 8 7				
·	TALLAHASSEE FL 32301 US	S				
(b) Enter name of NEW Registered Agent and/or N	W Registered Office addre	127				
NEW Registered Agent:	C T Corporation System	S &				
NEW Registered Office Address:	1200 South Pine Island Road					
(MŪŠT BE FLORIDA STREET ADDRESS)	Plantation	FL 33324				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company. It is hereby confirmed that the change of the members of the limited liability company or as other operating agreement of the limited liability company. Signature of amember of the dependence of the limited liability company or as other operating agreement of the limited liability company. Signature of amember of the limited liability company. Signature of amember of the limited liability company of the limited liability company of the limited liability company. Signature of amember of signees are made, the change of the registered agent will be identified to the change of the registered agent will be identified to the change of the registered agent will be identified to the change of the registered agent will be identified to the change of the registered agent will be identified liability company. It is hereby confirmed that the change of the limited liability company or as other than the change of the limited liability company. Signature of a member of the limited liability company or as other than the change of the limited liability company.	Florida street address of the ratical. Or, in the case of a Fl. s) was/were authorized by an arwise provided in the article y.	registered office orida limited a affirmative vote s of organization				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pend I am familiar with and accept the obligations of my pend I am familiar with and accept the obligations of my penderes, I hereby confirm that the limited in the CT Corporation System Signature of Registeria Agent FISS STATE TO THE STATE OF THE STA	tary					
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314)				

FILING FEE: \$25.00

INHS18 (05/08)

By: