1886661

| (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: | | | | |
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Office Use Only



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FILED 04 OCT 29 AM IO: 22

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: FC Forwarding, Inc. (Name of corporation) |
| DOCUMENT NUMBER: M23588 |
| 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: |
| Rodolfo Rehm (Name of contact person) |
| FC Forwarding, Inc. (Firm/Company) |
| 6969 Collins Ave - # 304 (Address) |
| Miami Beach FL 33141 (City/state and zip code) |
| For further information concerning this matter, please call: |
| Rodolfo Rehm at (786) 863 4422 (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 Street Address: Amendment Section Division of Corporations Division of Corporations |

P.O. Box 6327 Tallahassee, FL 32314

409 E. Gaines Street Tallahassee, FL 32399

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

| statement of change is | submitted for a corporation o | 7.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of FLOR | RIDA |
|--|--|---|---|
| | poration: FC FORWARDING | egistered agent, or both, in the State of Florida 3. INC. | 7 . |
| 2. The principal office | 0000 0 15 4 | | |
| 2. The principal office | Miami Beach FL 33 | | |
| 3. The mailing address | (if different): | | |
| 4. Date of incorporation | n/qualification: 11/20/1985 | Document number: M23588 | |
| 5. The name and street Florida Department of | | red agent and registered office on file with the | |
| REHM | 1, RODOLFO | _ | |
| 6708 1 | NW 82ND AVE. | | |
| MIAM | II FL 33166 | | 20 |
| 6. The name and street (if changed): | address of the new registered | agent (if changed) and /or registered office | 04 OCT 29 AM 10: 22 LULLAND OF STATE LULAND SEEL FLORID |
| REHM | I, RODOLFO | | 9 3 |
| 6969 | Collins Ave - # 304 | | AM 10: 22 OF STATE E. FLORID |
| | (P.O. Box NOT accept | ptable) | |
| Miami | Beach FL 33141 | | |
| The street address of it as changed will be iden | s registered office and the statical. | reet address of the business office of its regis | stered agent, |
| Such change was authorized by the boar | orized by resolution duly add d, or the corporation has bee | opted by its board of directors or by an office in notified in writing of the change. | er so |
| (Signature of an o | officer or director) | RODOLFO REHM - President (Printed or typed name and fitte) | |
| I hereby accept the an | nointment as revistered aven | nt and agree to act in this capacity, statutes relative to the proper and complete obligation of my position as registered agent in the registered office address, I hereby congre. 10/27/2004 | performance nt. Or, if this firm that the |
| (Signature of | Registered Agent) | (Date) | |
| If signing on behalf of | an entity: | | |

* * * FILING FEE: \$35.00 * * *