## P04000104350

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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PORA change

T. Roberts JUN 0 9 2006

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SECRETARY OF STATE
ALLAHASSEE, FLORID

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
0.41 0.4500 1.104 1.110			
SUBJECT: SYL CARGO USA, INC	Corporation)		
O to entre!)	corporation		
DOCUMENT NUMBER: P04000104350	and the second state of th		
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
ENRIQUE CHIA	·		
(Name of Co	ntact Person)		
(· · · · · · · · · · · · · · · · · · ·			
OVI CARCO LICA INC			
SYL CARGO USA, INC (Firm/Co	omnany)		
(I mus oc	onipuny y		
443 TALAVERA RD			
(Address)			
WESTON FL 33326	•		
(City/State ar	nd Zip Code)		
For further information concerning this matter, please	call:		
•			
ENRIQUE CHIA	at (305) 513-3337 (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Depart	tment of State.		
Mailing Address	Street Address:		
<u>Mailing Address:</u> Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: SYL CARGO USA, INC
	fice address: 443 TALAVERA RD - WESTON FL 33326
3. The mailing add	Iress (if different): SAME
4. Date of incorpor	ration/qualification: 07/14/2004 Document number: P04000104350
5. The name and str Florida Departm	treet address of the current registered agent and registered office on file with the nent of State:
C	CHIA, JAVIER
3	3200 N W 101 AV
<u>S</u>	SUNRISE FL 33351
6. The name and str (if changed):	CHIA, JAVIER  8200 N W 101 AV  BUNRISE FL 33351  treet address of the new registered agent (if changed) and /or registered office
<u>C</u>	DEVALLOS, DIANA
<u>1</u>	0903 NW 30TH STREET NO 103
N	(P.O. Box NOT acceptable)  //AMI FL 33172
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, eldentical.
Such change was a authorized by the b	authorized by resolution duly adopted by its board of directors or by an officer so board, or the comporation has been notified in writing of the change.
≪Signature o	of an officer of disectory (Printed or typed name and title)
I hereby accept the I further agree to o of my duties, and I document is being corporation has be	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the een notified in writing of this change.
	05/30/06
(Signate) If signing on behal	Add of Registered Agent) (Date)
(Турс	ed 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 (8/05)