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| (Requestor's Name) | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
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| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

RAROLAS

COVER LETTER

TO: Amendment Section Division of Corporations

INDAIA LOGISTICS INTERNATIONAL INC SUBJECT: Name of Corporation P08000018848 **DOCUMENT NUMBER:** 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: FABRICIO M PAULELLA Name of Contact Person INDAIA LOGISTICS INTERNATIONAL INC Firm/Company 8405 NW 53RD STREET A 100 Address **DORAL FL 33166** City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

HECTOR D ABRAHAM

, **4**07

277-8668

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

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

| | | | 607.1508, or 617.1508, ed under the laws of the | • | | |
|---|--|--|---|------------------------------|---------------|--|
| | | - | ed agent, or both, in the | | | - |
| 1. The name of | the corporation: IND | AIA LOGISTIC | S INTERNATION | NAL INC | | |
| 2. The principa | l office address: 840 | 5 NW 53RD ST | REET A 100, DO | ORAL FL 33 | 166 | |
| | | | | | | |
| 3. The mailing | address (if different):_ | 8010 SUNPC | RT DR STE 120 | 0 | | |
| | ORLAND | O FL 32809 | | | | |
| 4. Date of incom | rporation/qualification; | 02/21/2008 | Document number: | P08000018 | 3848 | |
| | nd street address of the cartment of State: (If resi | | nt and registered office | on file with the | | |
| | CARL | OS E MARIAC | Α | | | |
| | 8405 1 | NW 53RD STR | EET A 100 | _ | | |
| | DORA | L FL 33166 | | | ھ سے | 01V. |
| 6. The name an (if changed): | | new registered agent (| if changed) and /or regi | stered office | 12 MAY 17 | ISION OF |
| | HECTOR D A | BRAHAM | | | - | 200 200 200 200 200 200 200 200 200 200 |
| | 8010 SUNPOR | T DR STE 120 | 1 | | AH II: I | OF STATIONS ORPORATIONS |
| P.O. Box NOT acceptable | | | <u> </u> | نست الك | io. | |
| | ORLANDO FL | 32809 | | | | 175 |
| The street addr as changed wil | ess of its registered off l be identical. | fice and the street ad | dress of the business of | fice of its register | ed age | nt, |
| Such change wanthorized by t | ras authorized by resolute he corpor | ation duly adopted by ation has been notifi | y its board of directors of the cha | or by an officer so ange. |) | |
| H | | f | ABRICIO M PAUL | ELLA, DIRECT | OR | |
| _ / | ure of an officer or director | | Printed or typed n | | | • |
| I further agree performance of agent. Or, if th | to comply with the pro | ovisions of all statute amiliar with and acco iled merely to reflect | gree to act in this capa s relative to the proper ept the obligation of my a change in the registe riting of this change. | and complete | tered s, I | |
| - Sac | LIM | | 05/11/2012 | | | |
| Sig | gnature of Registered Agent | | Date | | | , |
| If signing on by | ehalf of an emity: | | | | | |
| | Typed or Printed Name | | | | | |

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