## P08000034279

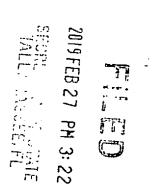
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## **COVER LETTER**

TO: Amenda Division	nent Section of Corporations					
SUBJECT:	AGS CARG	GO USA				
	Name of C	orporation				
DOCUMENT N	AGS # 021	92019				
The enclosed Sta	tement of Change of Registered Offic	ce/Agent and fee are submitted for filing.				
	correspondence concerning this matte	•				
	ALEXANDRE G	GULLA DA SILVA				
Name of Contact Person						
AGS CARGO USA						
Firm/Company						
	13443 NW 19th Lane					
	Add	ress				
	Miami, FL 33182 USA					
	City/State and Zip Code					
agulla@agsholding.com						
	E-mail address: (to be used for fi	uture annual report notification)				
For further inform	nation concerning this matter, please o	call:				
	RE GULLA DA SILVA	305 593 6878				
Na	me of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.	.00 check made payable to the Depart	ment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (03/12)

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

-	•		607.1508, or 617.1508, Florida ed under the laws of the State of	
			ed agent, or both, in the State of	
	AGS	CARGO USA	_ <b></b> ,	
i. The name of t	13443	NW 19th Lane		<u></u>
2. The principal	office address:	-		
3. The mailing a	ddress (if different):	3443 NW 19th L	ane	
4. Date of incorp	ooration/qualification:		Document number:	02192019
	I street address of the cui tment of State: (If resign		nt and registered office on file w	rith the
				i i i i i i i i i i i i i i i i i i i
<ol><li>The name and (if changed):</li></ol>			if changed) and for registered or	ffice !
	Arlen Jhon Contrer	as		س. •
	13443 NW 19th La	ne		
	Miami, Florida 331	P.O. Box NOT acc 82 - USA	epable	
The street address changed will	ess of its registered office	e and the street ad-	dress of the business office of i	is registered agent,
Such change was authorized by th	s authorized by resoluti te board, or the corporat	ion duly adopted by tion has been notifi	its board of directors or by an ed in writing of the change.	officer so
	ne /		Alexandre Gulla Da Silva -	CEO
, -	e of an olluce or director		Printed or typed name and to	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as regi to comply with the provi my duities, and I am fan is document is being file that the corporation has	istered agent and a isions of all statute niliar with and acc ed merely to reflect s been notified in v	gree to act in this capacity, s relative to the proper and cor ept the obligation of my positio a change in the registered offi priting of this change.	nplete n as registered ce address, I
		•	02 / 19 / 2019	
Sig	nature of Registered Agent	<del></del>	Date	<del></del>
If signing on be	half of an entity:			
,				
T	yped 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
CR2EO15 (03/12)