P12000101911

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C. LEWIS

JUL 1 5 2013

EXAMINER

COVER LETTER

TO:

Amendment Section Division of Corporations

CONTROL LOGISTICO CONSULTING GROUP, INC.

SUBJECT:

Name of Corporation

DOCUMENT NUMBER:

P12000101911

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:

PIZARRO, JOSE MIGUEL

Name of Contact Person

CONTROL LOGISTICO CONSULTING GROUP, INC.

Firm/Company

7380 W. SAND LAKE RD. SUITE 500

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

JM.PIZARRO@CONTROL-LOGISTICO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE MIGUEL PIZARRO

, 202

957-3003

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida 3 n organized under the laws of the State of _ registered agent, or both, in the State of F	FLORIDA
1. The name of t	he corporation: CONTROL I	LOGISTICO CONSULTING G	ROUP, INC.
2. The principal	office address: 2101 BRICK	ELL AVE. SUITE #3201, MIA	MI, FL 33129
3. The mailing a	ddress (if different): SAME A	S ABOVE	144
4. Date of incorp	poration/qualification: 12/17/2	2012 Document number: P1200	00101911
5. The name and		stered agent and registered office on file wi	ith the
	JOSE MIG	UEL PIZARRO	
	2101 BRICKELL AVE. SU	JITE #3201, MIAMI, FL 33129	int.
			1
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered of	
	JOSE MIGUE	EL PIZARRO	
		KE ROAD, SUITE 500	9:56
		Box NOT acceptable ORIDA 32819-5257	
The street addre	ss of its registered office and the be identical.	street address of the business office of its	s registered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so
-Ou	KARUM	JOSE MIGUEL PIZARRO, PF	
I hereby accept I further agree t performance of agent. Or, if thi	o comply with the provisions of a mv duties, and I am familiar with	Printed or typed name and title tent and agree to act in this capacity. It is all statutes relative to the proper and come and accept the obligation of my position to reflect a change in the registered officitified in writing of this change.	plete as registered
- fou	Xexellut	JULY 9, 2013	
γ -	Sture of Registered Agent	Date	
n signing on bei	half of an entity:		
Ту	ped or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2F045 (03/12)

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