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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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an	nual	report	mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

Email Address:

REGISTERED AGENT CHANGE NATIONAL AIR CARGO GROUP, INC.

Certificate of Status	0
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Page Count	01
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: NATIONAL AIR CARGO GROUP, INC.
2. The principal office address: 5955 T.G. LEE BLVD STE 500
ORLANDO, FL 32822
3. The mailing address (if different): 350 Windward Drive Orchard Park, NY 14127
4. Date of incorporation/qualification: 6/11/2013 Document number: P13000050599
<ol> <li>The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)</li> </ol>
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301
1201 HAYS STREET  TALLAHASSEE, FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office.
Capitol Corporate Services, Inc.
515 East Park Avenue 2nd Fl
P.O. Box NOT acceptable  Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so sufficiently by the board, or the corporation has been notified in writing of the change.
Jam Luter Jason Cutler
I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:  Asst. Secretary  Stephanic Denny  Asst. Secretary
Typed or Printed Name on behalf of Capitol Corporate Services, Inc.
* * * 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 (04/13)