Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000098204 3)))



H210000982043ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Accou	· CAPT	-01 00000		
	: I2C1 : (800 : (8CC	60000048)345-4647)432-3622 s entity	to be use	
Email Address:	_			•
	 -			·

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

OSIMMONS

MAR 3 0 2021

1021 MAR 29 PH 1

Electronic Filing Menu

Corporate Filing Menu

Help

CR2E045 (04/13)

(((H21000098204 3)))

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

statement of change is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FLORIDA		
•	or registered agent, or both, in the State of Florida.		
1. The name of the corporation: NATIONAL	_ AIR CARGO HOLDINGS, INC.		
2. The principal office address: 5955 T.G. LE	E BLVD., SUITE 500 ORLANDO, FL 32822		
3. The mailing address (if different): 350 Wind			
4. Date of incorporation/qualification: 7/17/2	2013 Document number: P13000059848		
The name and street address of the current reg Florida Department of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)		
Kramedas, Mary			
1201 HAYS STREET	2021 MAR		
TALLAHASSEE, FL 32301			
TALLAHAGGLL, I L 92301			
The name and street address of the new regist (if changed):	ered agent (if changed) and /or registered office		
Capitol Corporate Services) Jan		
Capitol Corporate Services	· · · · · · · · · · · · · · · · · · ·		
515 East Park Avenue 2nd	P.O. Box NOT acceptable		
Tallahassee, FL 32301	P.O. Box (NO) acceptants		
	he street address of the business office of its registered agent,		
	y adopted by its board of directors or by an officer so s been notified in writing of the change.		
Jam Cuten	Jason Cutler		
I hereby accept the appointment as registered of further agree to comply with the provisions of my duties, and I am familiar with and accept document is being filed merely to reflect a char corporation has been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete performance at the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the s change. 3/5/2021		
Signature of Registered Agent	Date		
If signing on behalf of an entity:	Asst. Secretary		
Stephanie Denny	on behalf of Capitol Corporate Services, Inc.		
Typed or Printed Name	TNC EFE. \$28.00 + + +		
	LING FEE: \$35.00 * * *		
	e to Florida Department of State tions, P.O. Box 6327, Tallahassee, FL 32314		

(((H21000098204 3)))