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SECRETARY OF SIALL DIVISION OF CORPORATIONS

PS 7/11/07



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2007

JOHN PARRY MOUNTAIN AIR CARGO, INC. P O BOX 488 DENVER, NC 28037

SUBJECT: MOUNTAIN AIR CARGO, INC.

Ref. Number: P16979

We have received your document for MOUNTAIN AIR CARGO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent designated is not an active entity on our records. Please designate an individual or active entity and resubmit for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith Document Specialist

Letter Number: 607A00042566

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJE	ECT: MOUNTAIN AIR CARGO, INC (Name of Cor	
DOCU	MENT NUMBER:_P16979	
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing
	return all correspondence concerning this matter to	•
1 icase	return an correspondence concerning this matter to	o the following.
	JOHN PARRY	
	(Name of Conta	ict Person)
	MOUNTAIN AIR CARGO, IN	C.
	(Firm/Com	
	PO BOX 488	
-	(Addres	ss)
	DENVED NO 20027	
	DENVER, NC 28037 (City/State and	Zip Code)
For fur	ther information concerning this matter, please cal	
T OI Tui	mer imornation concerning this matter, prease car	
JOHN	I PARRY	at (828) 464-8741 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Departmo	ent 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
		·
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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 North Carolina			
in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: MOUNTAIN AIR CARGO, INC.			
2. The principal office address: 3524 AIRPORT RD			
MAIDEN, NC 28650			
3. The mailing address (if different): PO BOX 488			
DENVER, NC 28037			
4. Date of incorporation/qualification: 11/30/1987 Document number: P16979			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
C T CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD			
PLANTATION, FL 33324			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
JOHN PARRY			
6100 NW 36TH ST, BLDG 831			
(P.O. Box NOT acceptable)			
MIAMI, FL 33166			
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 authorized by the board, or the corporation has been notified in writing of the change.			
JOHN PARRY, CFO (Printed or typed name and title)			
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 potified in writing of this change.			
7-9-07			
(Date)			
If signing on behalf of an entity:			
(Typed or Printed Name)			

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