P2200006565

(Decured - March			
(Requestor's Name)			
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PICK-UP WAIT MAIL			
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CT CORP (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

05/17/2024

Date:

	Acc#I20160000072
Name:	Cargomax International USA, Inc.
Document #:	
Order #:	15571677 - 1
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Cargomax International USA, Inc. Name of Corporation	
DOCUMENT NUMBER: P22000006565 The enclosed Statement of Change of Registere Please return all correspondence concerning this	ed Office/Agent and fee are submitted for filing.
Name of Contact Person	
Quarles & Brady, LLP Firm/Company 1395 Panther Lane Suite 300	
Address Naples, FL 34109 City/State and Zip Code lorijanemartin@quarles.co E-mail address: (to be used for future annu	m ual report notification)
For further information concerning this matte	r, please call:
Lorijane Martin Name of Contact Person	at (239) 434-4904 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to t	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of Florida registered agent, or both, in the State of Florida	1
1. The name of t	the corporation: Cargomax Internat	ional USA, Inc.	
2. The principal	office address: 12276 Tamiami Tra	il E. #5 Naples, FL 34113	_
3. The mailing a	ddress (if different):		
4. Date of incorp	Document number: P22000006565		
	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)	
	CT Corp		
	1200 S. Pine Island Rd.		
	Plantation, FL 33324		
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	2024 17
	C T Corporation System		-
	1200 South Pine Island Road	· .	
		P.O. Box NOT acceptable	; ; 5
	Plantation, Florida 33324		50:01:
The street addre	ess of its registered office and the be identical.	street address of the business office of its regis	itered agent,
Such change wa authorized by th	is authorized by resolution duly acted board, or the corporation has be	dopted by its board of directors or by an office en notified in writing of the change.	r so
/s/Israel Turgeon		Israel Turgeon, President	
•	e of an officer or director	Printed or typed name and title	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered age comply with the provisions of a d I am familiar with and accept the filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity, Il statutes relative to the proper and complete he obligation of my position as registered agen e in the registered office address, I hereby conj jange.	performanc u. Or if thi: firm that the
CT Corporation System /s/Donna Peterson-Riggs		05/16/2024	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Donna Petersoi	n-Riggs, Asst. Secretary		
Ty	ped or Printed Name	•	
	* * * FILIN	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FL006 - 06/19/2020 Wolters Klawer Online

CR2E045 (04/13)

By: