

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
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TO:

Amendment Section Division of Corporations

SUBJECT: NORTHSTAR CARGO SERVISES
Name of Corporation
DOCUMENT NUMBER:
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:

Name of Contact Person

11027 NW 122 ST

Address

MEDLEY FL 33178

City/State and Zip Code

XIRIVERA@QALITASUSA.COM

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

For further information concerning this matter, please call:

XAVIER I RIVERA

Name of Contact Person

at (305) 5979445

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

CR2E045 (03/12)

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 Statutes, this organized under the laws of the State of Florida	_
	-	registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Northstar Ca	rgo Servises	
2. The principal	office address: 11027 NW 1	22 St Medley Fl	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/01/19	993 Document number: 93000012903	
5. The name and		ered agent and registered office on file with the	
	Ana E Rivera resigned		
			
	•	SECOND AND AND AND AND AND AND AND AND AND A	_
		d sount (if showed) and for registered office.	
6. The name and (if changed):	street address of the new registere	al agent (11 changed) and /or registered office.	n
	Xavier I RIvera	PH 3: 2	٠,٠
	720 NE 62 st Miami FI	· · · · · · · · · · · · · · · · · · ·	
	Р.О. В	ox. NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered age	त्रार,
Such change wa authorized by th	s authorized by resolution duly ac board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	
		Xavier I Rivera President	_
	re of an officer or diffector	- Printed or typed name and title	
I furthér agrée t performance of agent. Or, if thi	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
		04/18/2018	
Sign	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
т	ped or Printed Name		

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