## 066833 142a, Suite 602

33/3/ Phone # 305~ 330~9972 Miami, Flu
City/State/Zip

Address

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**Examiner's Initials** 

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	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
1.	99 00 1
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document#) 3 3 0 0 26
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
Mail out Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	<ul> <li>□ Amendment</li> <li>□ Resignation of R.A., Officer/Director</li> <li>□ Change of Registered Agent</li> <li>□ Dissolution/Withdrawal</li> <li>□ Merger</li> </ul>
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

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

the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation is: Isocargo U.S.A., INC.  2. The mailing address of the corporation is: 799 Brickell Plaza Suite#603  Miami, Fl. 33131  3. Date of incorporation/qualification: 07/29/1998 Document number: p98000066833  4. The name and address of the current registered agent and office: Geovanna Guerra  501 Brickell Key Dr. Suite#603  Miami, Fl. 33131  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  Geovanna Guerra  799 Brickell Plaza Suite#603  Miami, Fl. 33131  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 square of the board of the board of the corporation of the corporation, 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 dulies, and I am familiar with and accept the obligation of my position as registered agent.
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10/26/1999 10/26/1999
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(7/97)  DIMERION OF CORPORATIONS P.O. BOY 6327 TALLAHASSER, FL. 32314