P990000 35243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AND
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M. V. Logistics INC
Name of Corporation

DOCUMENT NUMBER: P 99000035243

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:

Victor Bonnet
Name of Contact Person

MV logistics INC
Firm/Company

146 M.L. King Jr Blvd suite 338
Address

Monroe Ga 30655
City/State and Zip Code

MVlog06@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Bonnet at (404) 425-2932
Name of Contact Person — 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 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2010 AUG 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 12, 2010

VICTOR BONNET
146 ML KING JR BLVD STE 338
MONROE, GA 30655

SUBJECT: M.V. LOGISTICS, INC.
Ref. Number: P99000035243

We have received your document for M.V. LOGISTICS, 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 designation of the registered agent must be at a Florida street address.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 610A00019461

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 Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: M. V. Logistics INC
2. The principal office address: 301 Double Springs Rd Monroe Ga 30656
3. The mailing address (if different): 146 M L King JR Blvd # 338 Monroe Ga 30
4. Date of incorporation/qualification: _____ Document number: P99 0000 35243
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   MARENA Bonnet
   301 Double Springs Rd
   Monroe Ga 30656

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   YARITZA Rosado
   3220 La Costa # 202
   P.O. Box NOT acceptable
   Naples FL 34105

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ACCEPTED AND FILED

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.

Signature of an officer or director — Victor Bonnet Pres.
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 notified in writing of this change.

Signature of Registered Agent — 8-9-10
Date

If signing on behalf of an entity:

_____
Typed or Printed Name

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

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

CR2E045 (8/05)