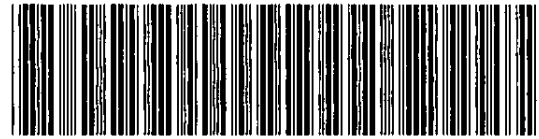


ND6000008009



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10/17/08--01003--011 **10.00

09/10/08--01021--014 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palmetto Distribution Facility I Condominium Association
(Name of Corporation)

DOCUMENT NUMBER: N06000008009

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:

Renee Luke
(Name of Contact Person)

National Corporate Services, Inc.
(Firm/Company)

7 W. Square Lake Road, Suite 111
(Address)

Bloomfield Hills, MI 48302
(City/State and Zip Code)

For further information concerning this matter, please call:

Renee Luke at (866) 416-6274
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2008

RENEE LUKE
7 W. SQUARE LAKE ROAD
SUITE 111
BLOOMFIELD HILLS, MI 48302

SUBJECT: PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N06000008009

We have received your document for PALMETTO DISTRIBUTION FACILITY I
CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The fee to file your document is \$35.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 108A00049948

Send Backs

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP 29 AM 8:00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2008

RENEE LUKE
7 W. SQUARE LAKE ROAD
SUITE 111
BLOOMFIELD HILLS, MI 48302

SUBJECT: PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N06000008009

We have received your document for PALMETTO DISTRIBUTION FACILITY I
CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office;
please complete the attached application/form.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 108A00049948

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: Palmetto Distribution Facility I Condominium Association, Inc.
- 2. The principal office address: 17 State Street, 9th Floor, New York, NY 10004
- 3. The mailing address (if different): c/o Cargo Ventures, LLC, 17 State Street, 9th Floor, New York, NY 10004
- 4. Date of incorporation/qualification: 07/27/06 Document number: N06000008009
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

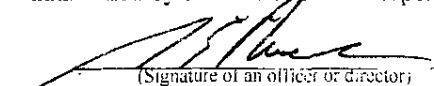
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
 (P.O. Box NOT acceptable)
Weston, FL 33331

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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.

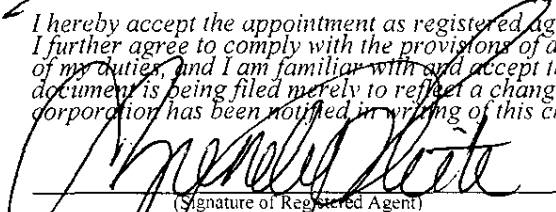


 (Signature of an officer or director)

George E. Kuehn, Authorized Person

 (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)

10/8/08

 (Date)

If signing on behalf of an officer:
Brenda L. White
Assistant Secretary

 (Typed or Printed Name)

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