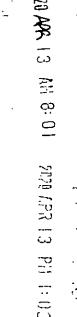
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	-
ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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O SIMMONS APR 1 4 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/13/2020	_		₩WALK IN
ENTITY NAME SIGMA	HOLDINGS USA,	INC.	
DOCUMENT NUMBER			
DOCUMENT NOMBER	**PLEASE FILE	THE ATTACHED AND RETURN**	
XXXX	Plain Copy Certified Copy		
	Certificate of Statu	9	
*	*PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of A		
	Certificate of Good	Standing	
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA NUMBER OF CERTIFICA	<u>'</u>		_
		ACCOUNT # I20140000108 // 1/	
TOTAL OWED \$35.00		United Corporate Services, Inc.	Repart
Please call Tina at i	the above number fo	r any issues or concerns. Thank you so	much!

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of Delaware istered agent, or both, in the State of Florida.	
1. The name of	the corporation: SIGMA HOLDINGS U	JSA, INC.	
2. The principal NEW YORK, N	office address: 66 WHITE STREET - U	INIT 501	
3. The mailing a	address (if different):		20
4. Date of incor	poration/qualification: 10/26/2012	Document number: F12000004394	Z
	I street address of the current registered timent of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	20/20 APA 13 NH 8: 0
	NRAI SERVICES, INC.		Fi :
	1200 SOUTH PINE ISLAND ROAD		0 8;
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registered at	gent (if changed) and /or registered office	
	United Corporate Services, Inc.		
	9200 South Dadeland Blvd Suite 508		
	P.O. Miami, Florida 33156	Box NOT acceptable	
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its registe	red agent,
Such change wa authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an officer snotified in writing of the change.	50
m	ario Gazzola re ot an oppery girector	Mario Gazzola	
	V	Printed or typed name and title	
I further agree of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all stad I am familiar with and accept the one filed merely to reflect a change in a been notified in writing of this change.	atutes relative to the proper and complete pe bligation of my position as registered agent, the registered office address, I hereby confir	erformance Or, if this m that the
(Vim Nach	4/10/2020	
Siz	Stature of Registered Agent	Date	
If signing on be	half of an entity:		
Jim Nash			
T	yped 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