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TO: Registration Section Division of Corporations	
SUBJECT: Computer Technologies U.S.A. LLC	2
Name of Limit Dear Sir or Madam:	ed Liability Company
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Tara Morales Name of Person	
Capitol Corporate Services, Inc. Firm/Company	
800 Brazos Ste 400	
Austin TX 78701 City/State and Zip Code	
Magda41@bellsouth.net E-mail address: (to be used for future annual report	
For further information concerning this matter, please cal	i:
Tara Morales at (at (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee [\$55 Filing Fee & Cortified Copy
INHS18 (2/14)	

21- 6

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Floria 1. Na	na. Ame of the Limited Liability Company:	chnologies U.S.A. LLC
	Computer Technologies U.S.A. LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Computer Technologies U.S.A. LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3820 SW 79th Avenue, Suite 92	3820 SW 79th Avenue, Suite 92
	Miami, FL 33155	Miami, FL 33155
	1/12/2005	L05000008100
3.	Date of filing/registration in Florida	4. Dooument number
5. (a)	Capitol Corporate Services, Inc.	
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State:
	155 Office Plaza Dr Ste A	
	Registered Office Address <u>GIUST BE FLORIDA STREET A</u>	DDRESSI
	Tallahasssee .FL	32301
	ranariassee , FL	
<i>(</i> ኬ)	Magda Santiso	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office eddress:
		АН
	Magda Santiso	_ ·
	NEW Registered Office Address:	9:
	3820 SW 79th Avenue, Suite 92	
	Miami , FL	33155
the ch agent was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited list	is of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered billy company, it is hereby confirmed that the change(s) If the limited liability company or as otherwise provided in limited liability company.
tlie ari	٤/	Ellis R. Mirsky
	ature of a member or authorized representative of a member	Printed or typed name of signee
Sign		no to not be this associate. I feethan come to comply with the
Sign	pby accept the appointment as registered agent and agricous of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	performance of my duties, and I am Jamiliar with and accept of for in Chapter 605, F.S. Or, if this document is being filed tereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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