## Florida

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

: (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE AUSTRA GLOBAL TRADE, LLC

Certificate of Status	0
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Page Count	02
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D. SCOTT

AUG 2 2017

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

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Nai	me of the limited liability company: Registered	Agents Inc	
2.		9450 Sardinia Way	(b)_	9450 Sardinia Way
۷.	(α).	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		104		104
		Fort Myers, FL 33908	:	Fort Myers, FL 33908
		07/05/2013		L1.3000095858
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records 1201 HAYS STREET	of the Florida D	ерх. of State:
		Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	
		TALLAHASSEE	FL_32301	
	(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered 3030 N. Rocky Point Dr.	ered Office addr	<u>kes</u> :
		NEW Registered Office Address:		<del></del> .
		STE 150A		
		Tampa	FL 33607	
th ag	e cha gent s	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the membericles of organization or the operating agreement of	e laws of the S s of the registed liability con	hpany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
		Riley Tak	RILEY PARK  Printed or typed name of signee	
pi il. te n	here rovis ie oh mei otific	nure of a member or authorized representative of a member  by accept the appointment as registered agent and  ions of all statutes relative to the proper and comp  digations of my position as registered agent as pro-  rely reflect a change in the registered office address  ed in writing of this change.  ure of Registered Agent	l agree to act i lete performa vided for in Ci s. I herchy coi	the state and a state of forther garge to comply with the

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