

L1400068698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

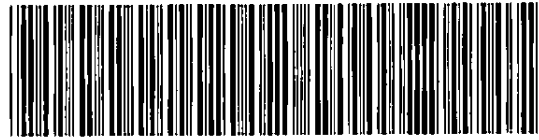
(Document Number)

Certified Copies _____ Certificates of Status _____

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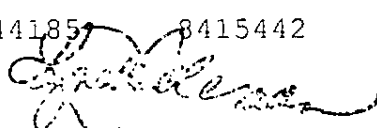


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RECEIVED
MAY 22 PM 3:58
MAY 22 2025
MAY 22 2025
MAY 22 2025

Mail
5/23/2025

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 244185 8415442
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : May 20, 2025
ORDER TIME : 2:01 PM
ORDER NO. : 244185-005
CUSTOMER NO: 8415442

CHANGE OF AGENT

NAME: SPIRITED VENTURE USA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPIRITED VENTURE USA LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUNO FEDIUK DE CASTRO

Name of Person

ALLSHORE ACCOUNTING SERVICES

Firm/Company

396 Heitor Stockler de França St., 5th floor

Address

Curitiba/PR / Brazil / Zip Code 80030-030

City/State and Zip Code

bruno.castro@allshoreservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruno Castro or Giuliana Sugisawa

at (+55 41) 2106-0009

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR 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.

Name of the limited liability company: 3PIRITED VENTURE USA LLC

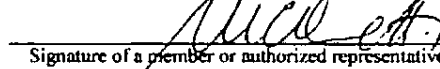
2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>396 Heitor Stockler de França St., 5th floor</u> <u>Curitiba/PR - Brazil / Zip Code 80030-030</u> <u>04/25/2014</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>396 Heitor Stockler de França St., 5th floor</u> <u>Curitiba/PR - Brazil / Zip Code 80030-030</u> <u>L14000068698</u>
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3. Date of filing/registration in Florida 4. Document number

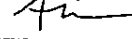
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NS Corporate Services Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1110 Brickwell Ave Ste 310
Miami, FL 33131

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u></u> Signature of a member or authorized representative of a member	<u>Marcelo Campos Ometto</u> Printed or typed name of signee
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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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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