## L16000102564

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Control of the Control
Special Instructions to Filing Officer:

Office Use Only



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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

DATE 06/26/201	9				******	r Paties
ENTITY NAME_	FELT USA, LI	LC			₩ALK	
DOCUMENT NU	ивек L16000	00102564				
	**P[[	EASE FILE THE A	TTACHED AND RETUR	PN**		
XXXXX	Plain ( Certifie Certifie	, 0			2019 JUH 26	FILE
	**PLEASE OE	STAIN THE FOLLO	DWING FOR THE ABOVE	E ENTITY**	AH 10: 01	<u></u> 0
	Certifie	ed Copy of Arts &	Amendments			
	Certific	cate of Good Standing				
	**APC	DSTILLE' / NOT	TARIAL CERTIFICATIO	DN**		
COUNTRY OF DES NUMBER OF CER	<del></del>	'ESTED			<u> </u>	
TOTAL OWED_	25.00		снеск #_6273		_	
Please call Tin	a at the above	number for any	issues or concerns,	Thank you so	much!	

## 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.

1. N	ame of the limited liability company: Felt USA, LL	.C				
2. (a)		(	b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited (Note: MAY BE POST		
	246 Frost Street, Brooklyn		246 Frost Street, Brooklyn			
	Brooklyn, NY 11211	_	Brookly	n, NY 11211		
	May 25, 2016		L16000	102564		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (11)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Sta	<del>_</del> te;		
	Kristina A. Acosta		•			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	(S)	<del>-</del> -	201	
	7670 SW 82 ST, APT H218				ال 9	
		00444	····	_	019 JUN 26	
	MIAMI , FI	_33143 	<del></del>	_	26	
	•					
(p)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ii	ddaaa.	<del>_</del>	AH 10:	
	.,	Ottice x	<u>nate34</u> :		· · · · · · · · · · · · · · · · · · ·	
	United Corporate Services, Inc.				· —	
	NEW Registered Office Address:	·····	<del></del>	<u></u>		
	9200 South Dadeland Blvd., Ste. 508					
	,	·	·	-		
	Miami, FI	<u>_</u> 33156	6	_		
If the 1					~	
the cha	imited liability company is not organized under the lainge or changes are made, the Florida street address of	f the reg	istered offic	e and the business offi	ice of the registered	
agent v	vill be identical. Or, in the case of a Florida limited li erejauthorized by an affirmative vote of the members of	lability c	ompany, it i	is hereby confirmed th	at the change(s)	
the arti	cles of garierion of the operating agreement of the	limited:	liability cor	npany,	wise provided in	
		Do	nald Malte	өг		
Signa	ture of a member or authorized representative of a member		<del></del>	Printed or typed name of	signee	
the obl to meri	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	et in this cap nance of my Chapter 60, confirm that	pacity, I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability ca	to comply with the lar with and accep iment is being filed impany has been	
Siman	re of Registered Agent			•		