⊙ 03/07/2022 1:10 PM

3/7/22, 3:07 PM

→ 18506176383 Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone : (888)706-7274 Fax Number

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

LLC REGISTERED AGENT CHANGE PALOGIX INTERNATIONAL USA, LLC

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COVER LETTER

→ 18506176383

TO: Registration Section Division of Corporations		
SUBJECT: Palogix Internation		A, LLC
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the	following:
Mary Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwes	t Pkwy, Ste	400
Address		
Austin, TX 78735		
City/State and Zip Code		
E-mail address: (to be used for future ann For further information concerning this matter.		fication)
Mary Castillo	888	705-7274
Name of Person	*** \	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:	
S25 Filing Fee		\$55 Filing Fee & Certified Copy

15129570210

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. Na	me of the limited liability company: Palogix In	terna	tional U	SA, LLC	<u>_</u>	
2. (a)	11601 WILSHIRE BLVD. #1920	((b) 11601 WILSHIRE BLVD. #1920			
4. (a)	Principal office address of limited liability company:			Mailing address of limited liability (Note: MAY BE POST OFFIC		
	(<u>Note: MUST BE STREET ADDRESS</u>)		108 4	NGELES, CA 900		
	LOS ANGELES, CA 90025			MIOLELO, OA 300		
	6/13/2013		M1300	0003728		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	C T CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAR Registered Office Address (MUST BE FLORIDA STREET)	4D		-		
	PLANTATION	333	24	- 		
(b)	Registered Agent Solutions, Inc.			SCA	2022 HAR	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		¥	
	155 Office Plaza Dr.			- 1388.	-7	FILED
	NEW Registered Office Address:			ا الله الله الله الله الله الله الله ال	AH 10:	0
	Suite A			- ORI	<u>.</u>	
	Tallahassee, FI	323	01	- X	20	
the cha agent was/w the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members elected of organization or the operating agreement of the olin Gelb	the regiability of the li	ustered on ic company, it i mited liabilit	is hereby confirmed that the cy company or as otherwise mpany. Member	change provide	e(s)
-	ture of a member or authorized representative of a member	_	- 	Printed or typed name of signee		
provis the ob- to mer	hy accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address, I d in writing of this change.	<i>, 617/18/17/11</i>	997193CW (11 317V)	ananes ana i am iamuada w	icri uriu	HILL CIM

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent