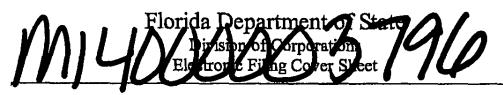
2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000105078 3)))



H160001050783ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number : (702)866-2689

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

Email Address: DOCUMENTS (B) INCORP.COM

Call APR 28 AM 10: 52

## LLC REGISTERED AGENT CHANGE HEMMERSBACH US LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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## H140001050783

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Hemmersbach US LLC							
Name of Lin	nited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Jackie DeFilippis							
Name of Person	<del>.</del> .						
InCorp Services, Inc.	SECHE I TALLAHA						
Firm/Company							
3773 Howard Hughes Pkwy · Suite 500s	ASSE ASSE						
Address							
	FLST PS						
Laș Vegas, NV 89169-6014	E.FLORIDA						
City/State and Zip Code							
Documents@incorp.com	·						
E-mail address: (to be used for future annual repo	rt notification)						
For further information concerning this matter, please of	·						
Jackie DeFilippis for InCorp Services, Inc. at (	800 , 246-2677 Ext. 6749						
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						
INHS18 (2/14)							

H160001050783

## 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.	1. Name of the limited liability company: Hemmersbach US LLC							
2.		1395 BRICKELL AVE.	(b) 1395 BRICKELL AVE.					
	<b>\-</b> y .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	-	(0)	м	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		SUITE 900			SUITE BO	ooo		
		MIAMI, FL 33131	_	•	MIAMI, FL	. 33131		
		05/27/2014		1.	11400000:			
3.		Date of filing/registration in Florida	4.			Document number		
5,	(a)	Cordon Fobles	74		•			
	(-/	Registered Agent and Registered Office shown on the records of th	e Flo	rida [	ept. of State:			
		1395 Brickell Ave, Suite 900						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		Mlami .FL	<u></u>	33	131	ARE TO SERVICE AND ASSESSMENT OF THE PARTY O		
	(b)	InCorp Services, Inc.						
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	) (Tec	ndd	Z3E			
			•			IZ: 47		
		17888 67th Court North				<b>A</b>		
		NEW Registered Office Address:				•		
		Loxahatchee ,FL	<del></del> .	33-	470			
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 any 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.								
_	Signa	ture of a member of authorized representative of a member	_		ino Cardo	Printed or typed name of signee		
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 stabiles 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.    A								
(	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00							

INHS18 (2/14)

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