

P10000092875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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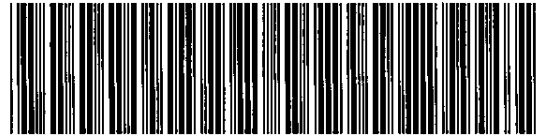
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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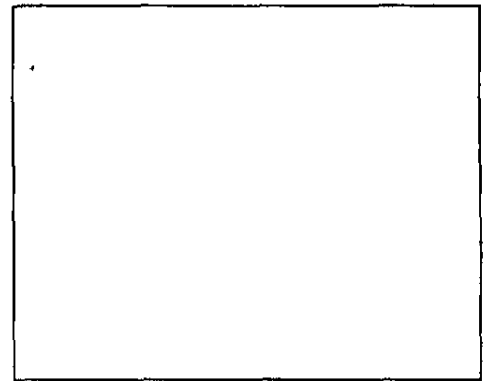
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FLORIDA RESEARCH & FILING SERVICES, INC.
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WALK-IN

ENTITY NAME:

DOANINVEST USA, INC.

CK# 5874 FOR \$ 35.00

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE
FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DOANINVEST USA, INC.
2. The principal office address: 1111 Brickell Ave., Suite 1100, 11th Floor
Miami, FL 33131
3. The mailing address (if different): Same
4. Date of incorporation/qualification: Nov. 12, 2010 Document number: P10000092875
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company
1201 Hays St.
Tallahassee FL 32301 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Atrium Registered Agents, Inc.
1500 San Remo Ave., Suite 125
P.O. Box NOT acceptable
Coral Gables, FL 33146

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

D. Deruyttere
Signature of an officer or director

Dominique Deruyttere
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

Date: 11/14/2012

If signing on behalf of an entity:

Atrium Registered Agents, Inc.
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2F045 (03/12)

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