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DEPARTMENT OF STATE

2112 DEC -5 PH 12: 04

DEC 0 5 2012 T. ROBERTS



ACCOUNT NO. : I2000000195						
REFERENCE : 445347 4311639						
AUTHORIZATION: Spelle le man						
COST LIMIT : \$ 35.00						
ORDER DATE : December 4, 2012						
ORDER TIME : 5:30 PM						
ORDER NO. : 445347-005						
CUSTOMER NO: 4311639						
CHANGE OF AGENT						
NAME: ITALIA INDEPENDENT USA CORP.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Carina L. Dunlap EXT# 52951						
EXAMINER:						

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

	-			or 617.1508, Florida State		
				ne laws of the State of <u>Flo</u> r r both, in the State of Flor		
			_	boin, in the state of 1 tors	, La Co.	
1. The name of	the corporation:	Italia Independent I	JSA CUIP.		4.00	
2. The principal	office address:_	3465 North Meridia	n Avenue,	Miami Beach, FL 33	140	
3. The mailing a	ddress (if differe	ent):				
4. Date of incom	poration/qualific	ation: 09-14-12	Docum	ent number: P1200007	8460	
5. The name and	l street address o		gent and regis	stered office on file with the		
	Jason Aronson					
	3465 North Meridian Avenue					
	Miami Beach	n, FL 33140				
6. The name and (if changed):	street address o	f the new registered ager	nt (if changed)	and /or registered office	ME DEC -5 PH 12: OH	
Corporation Service Company 1201 Hays Street						
	· · · · · · · · · · · · · · · · · · ·	 				
The street address changed will	ss of its register be identical.	ed office and the street a	address of the	business office of its reg	istered agent,	
Such change was authorized by	s authorized by	resolution duly adopted corporation has been not	by its board of ified in writing	of directors or by an officing of the change.	er so	
		\mathcal{T}	Emanuele	Danesi		
Signatun	an officer or direc	ior	P	rinted or typed name and title		
I furthér agrée to performance of n agent. Or, if this hereby confirm to	o comply with th ny duties, and I o document is be	am familiar with and ac ring filed merely to refle tion has been notified in	ites relative to eccpt the oblig ect a change i	o the proper and complete gation of my position as r in the registered office ad	registered	
ву: ("()	uun Z.	Rulas		12-04-12	- T	
Signa	iture of Registered Ag	gent *		Date		
If signing on beh	alf of an entity: Carina L. Du Asst. Vice Pre	ınla; Iside				
- · - · - · - · - · · · · · · · · · · ·	ed or Printed Name	JOINEL				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)