

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500253563585

11/08/13--01009--016 **35.00

FILED

13 HOW -8 FM 12: 57

SECRETARY OF STATE
AND ANASSES, FLORIDA

NOV 13 2013

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mitsukoshi (U.S.A.), Inc.

Name of Corporation

DOCUMENT NUMBER: P11000013848

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Tessitore, Esq.

Name of Contact Person

Moran Kidd Lyons Johnson & Berkson, P.A.

Firm/Company

111 N. Orange Avenue, Suite 900

Address

Orlando, FL 32801

City/State and Zip Code

mtessitore@morankidd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Tessitore, Esq.

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change is submitted for a corporation organized under the laws of the State of Florida Florida		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Mitsukoshi (U.S.A.), Inc.		
2. The principal office address: 8070 PRESIDENTS DRIVE, ORLANDO, FL 32809		
 		
3. The mailing address (if different): same as above		
4. Date of incorporation/qualification: 2/9/2011 Document number: P11000013848		
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)		
Michael A. Tessitore, Esq.		
Tessitore Law Firm		
612 East Colonial Drive, Suite 150, Orlando, FL 32803		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
(if changed): Michael A. Tessitore, Esq.		
Moran Kidd Lyons Johnson & Berkson, P.A.		
P.O Box NOT acceptable 111 N. Orange Avenue, Suite 900, Orlando, FL 32801		
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.		
Signature of an office of prictor Tatsuaki Zenki Printed or typed name and title		
I hereby accept the appoinment 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.		
Signature of Registered Agent 11/04/13 Date		
If signing on behalf of an entity:		
Michael A. Tess. torc Typed or Printed Name		

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

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