that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: MICHEL FIASCHI A DE MELO	AMBR	03/11/2021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

City-State-Zip: SAO PAULO SP 03421--000 City-State-Zip: SAO PAULO SP 03421--000

A

SIGNATURE: FRANCES SANCHEZ

	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	FIASCHI A DE MELO, MICHEL	Name	FIASCHI, ELISABETE	
Address	RUA EVANGELINA 760	Address	RUA EVANGELINA 760	
City-State-Zir	· SAO PAULO SP 03421000	City-State-Zip:	SAO PAULO SP 03421000	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

139 ORLANDO, FL 32819 US

8600 COMMODITY CIR. 139 ORLANDO, FL 32819

Entity Name: SHADOW BEAR DESIGN COMPANY LLC

DOCUMENT# L19000251825

Current Principal Place of Business:

Current Mailing Address:

8600 COMMODITY CIR.

Name and Address of Current Registered Agent: **BRAZIL 2 USA LLC** 8600 COMMODITY CIR. 139

ORLANDO, FL 32819 US

that my

FEI Number: 38-4131063

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Mar 11, 2021 Secretary of State 1333945002CC

03/11/2021

Date

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

FILED