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## H05000019974 3

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

Pursuant to the provisions of sections 607.0502, 61 statement of change is submitted for a corporation of	organized under the law	s of the State of _	atutes, this	
in order to change its registered office or registered	l agent, or both, in the S	tate of Florida.	•	
I. The name of the corporation:	ITIN AMERICA, INC			
The principal office address:     1251 Avenue of the Americas -34th Fl	c/o Natexis Pramex No	th America Corp., N	Y,NY 1002	20
3. The mailing address (if different):			•	
4. Date of incorporation/qualification: 3/5/0	Document n	umber: FO	3000001084	
5. The name and street address of the current register Florida Department of State:	red agent and registered	office on file with	the	
CORPORATI	ON SERVICE COM	PANY		
1201	HAYS STREET		<del></del>	
TALLAHASSEE		32301-252	, TAS	Š
6. The name and street address of the new registered (if changed):			URLIANT AHASS	IM 27
National Corp	orate Research, Ltd	d., Inc.	<del></del>	<b>P</b>
	l. Meridian Street			<u>.</u> د
Tallahassee	). Box NOT acceptable) Florida	32301	AGIN ATE AGINA	20
The street address of its registered office and the stas changed will be identical.	treet address of the bus	iness office of its 1	egistered agent,	
Such change was authorized by resolution duly ad- authorized by the board, or the corporation has bee	opted by its board of di an notified in writing o	rectors or by an of the change.	ficer so	
(Marie of Special Special)	<u>-                                      </u>	ume Caillet, (Proded or typed mar	ne and title)	
I hereby eccept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the obligation and is being filed merely to reflect a change in the comporation has been notified in writing of this change.	l agree to act in this cope tes relative to the proper gation of my position as t registered office addres.	ctiv, and complete perfor egistered agent. Or s, I kereby confirm t	rmance y this hat the	
(Signature of Registered Agent) Ida Borovoy, Asst. Secy If signing on behalf of an entity:		1/21/0 (Date)	25	
TIONAL CORPORATE RESEARCH, LTD., IN	c.			
(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