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SEURGIARY OF STATE SEVERIARY OF STATE STYTS-ON OF CORPORATION

R.A.Chq.
C.COULLIETTE

SEP - 6 2011

**EXAMINER** 

## **VIA US MAIL**

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

## Re: <u>CAMBRIDGE MERCANTILE CORP. (U.S.A.)</u>

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

Ryan Ermis

REGISTERED AGENT SOLUTIONS, INC.

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

statement of cha	inge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	ite of <u>De</u>	
			CANTILE CORP.		
2. The principal			NUE, <u>NORTH TOWE</u>		
•	ddress (if different): 903 TON NJ 08540-653		ENTER SUITE 340		
4. Date of incorp	ooration/qualification:	04/09/2003	Document number:	F030000018	335
	I street address of the cur tment of State: (If resign		t and registered office on t	file with the	
	CORPORATION S	ERVICE COMP	PANY		
	1201 HAYS STREI	ĒΤ			
	TALLAHASSEE FL	32301-2525 U	S	<del></del>	
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or register	red office	JASTA
	Registered Agent S	Solutions, Inc.		···-	0
	155 Office Plaza D	r., Suite A			2000 3000 3000 11000 100
P.O. Box NOT acceptable					F SI
The street addre as changed will	Tallahassee, FL 32 ss of its registered offic be identical.		dress of the business offic	ee of its registered a	gent,
Such change wa authorized by th	as authorized by resolutine board, or the corporat		y its board of directors or ed in writing of the chang JACQ UES VELDA	_	T DIRECTOR
I hereby accept I further agree to of my duties, and document is beit corporation has	the appointment as region to comply with the provided I am familiar with and filed merely to reflect been notified in writing the office of th		Printed or typed name gree to act in this capacity of the proper artification of my position as regardistered office address, In the State of the proper of the state of the proper of t	ne and fitte	<del>7 -</del>
If signing on be	half of an entity:	<b>!</b>	Daig		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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