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SEP 28 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 362813 7896671

AUTHORIZATION

COST LIMIT

ORDER DATE: September 28, 2012

ORDER TIME : 11:13 AM

ORDER NO. : 362813-005

CUSTOMER NO: 7896671

CHANGE OF AGENT

NAME: GL&V USA INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

COVER LETTER

TO: An	nendment Section vision of Corporations			
SUBJECT	GL&V USA Inc.	41		
	Name of Corp	oration		
DOCUME	F0400006444 ENT NUMBER:			
The enclos	sed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please retu	ern all correspondence concerning this matter to	the following:		
	David Lemoine			
	t Person			
	GL&V USA Inc.			
Firm/Company				
	Address			
	Lenox, MA 01240			
	City/State and Z	ip Code		
	dave.lemoine@glv.com			
	E-mail address: (to be used for futu	re annual report notification)		
For further	information concerning this matter, please call			
David Le	emoine	Area Code & Daytime Telephone Number		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is	s a \$35.00 check made payable to the Departme	nt 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		

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 inge is submitted for a corporation organized r to change its registered office or registered	d under the laws of the State of Del	aware		
1 The name of t	the corporation: GL&V USA Inc.				
2. The principal	office address: 175 Crystal Street Lenc	ox, MA 01240			
3. The mailing a	ddress (if different):				_
4. Date of incorporation/qualification: 1/21/2000 Document number: F04000006444					
	d street address of the current registered ager timent of State: (If resigned, enter resigned)	at and registered office on file with the	he		
	Laurent Verreault				
1300 South Ocean Blvd., Suite 704		4	SECH	12 SI	142
	Pompano Beach FL 33062		HA A	₹ 7 28	-
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	RY OF S	8 PH 3	T
	Corporation Service Company		NAT TATE	25	
	1201 Hays Street		>		
	P.O. Box NOT acc	eptable			
	Tallahassee, FL 32301				
The street address changed will	ess of its registered office and the street add be identical.	iress of the business office of its rep	gistered	agent,	
Such change was authorized by th	as authorized by resolution duly adopted by ne board, or the corporation has been notifi-	its board of directors or by an officed in writing of the change.	cer so		
Dil		David Lemoine/Treasurer			
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and a to comply with the provisions of all statutes my duties, and I am familiar with and access document is being filed merely to reflect that the corporation has been notified in won Service Company	s relative to the proper and comples ept the obligation of my position as a change in the registered office ac	te register idress, I	;ed	
By. Sk	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Steph	anie Milnes yped 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 CR2E045 (03/12)