## F0500001915

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	<del>_</del> <del></del> -
(City	//State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F		

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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 6/16/2021			**WALK IN**
ENTITY NAME ANNE	FOUNTAIN USA, IN	C	
DOCUMENT NUMBER	R		
	**PLEASE FILE TH	HE ATTACHED AND RETURI	//**
XXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	**PLEASE OBTAIN THE I	FOLLOWING FOR THE ABOVE	ENTITY**
	Certified Copy of Arts	& Amendments	
	Certified Copy of Arts	& Amendments Complete File [la	iclading Annual Reports)
	Certificate of Status		
<del></del>	Certificate of Status K	Peffecting:	
	**APOSTILLE' / I	NOTARIAL CERTIFICATIO	DN**
COUNTRY OF DESTINA	ATION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$ 35.0	0	ACCOUNT # 1201- United Corporate Services, Inc.	Thank you so much!
Please call Tina at	the above number for	any issues or concerns.	Thank you so much!

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

statement of cha	provisions of sections 607.0502, 617.0502, 607. ange is submitted for a corporation organized user to change its registered affice or registered ag	nder the laws of the State of Texas	
1. The name of	the corporation: Anne Fontaine USA Inc.  office address: 110 Green St. #301, New York, N		
3. The mailing a	address (if different):	<u> </u>	
4. Date of incor	poration/qualification: 3/25/2005	Document number: <u>F05000001915</u>	
5. The name and	d street address of the current registered agent a irtment of State: (If resigned, enter resigned)		
	Michael A. Barr		
	9200 S. Dadeland Blvd. Ste. 508		
	Miami, FL 33156		
6. The name and (if changed):	d street address of the new registered agent (if c	hanged) and /or registered office	
	3458 Lakeshore Drive		
	PO Box NOT a	cceptable	i i
	Tallahassee, Florida 32312		
	ess of its registered office and the street addres I be identical.		
,	ras authorized by resolution duly adopted by it. the board, or the corporation has been notified	s board of directors or by an officer in writing of the change.	/M
I hereby accept I further agree of my duties, ar document is he	t the appointment as registered agent and agre to comply with the provisions of all statutes re nd I am familiar with and accept the obligation ing filed merely to reflect a change in the regi- is been notified in writing of this change.	re to act in this capacity. Plative to the proper and complete parties of my position as registered agent Is stered office address, I hereby conf	performance t. Or, if this irm that the
Mich	asl A. Barr 6/9/	2021	
	gnature of Registered Agent ehalf of an entity:	Date	
Michael A. Barr	-		
	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 CR2E045 (04/13)