

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

WHITE **Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

RECEIVED
2017 JUL 18 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
ALCOTRA NORTH AMERICA INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALCOTRA NORTH AMERICA INC.
Name of Corporation

DOCUMENT NUMBER: F10000003588

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at 888 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

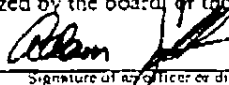
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.


1. The name of the corporation: ALCOTRA NORTH AMERICA INC.
2. The principal office address: 2603 AUGUSTA DR SUITE 1250
HOUSTON, TX 77057
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/10/2010 Document number: F10000003588
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
COGENCY GLOBAL INC.
115 NORTH CALHOUN ST. SUITE 4
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Registered Agent Solutions, Inc.
155 Office Plaza Dr., Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____ Adam Saldana Attorney-in-Fact for Jay Dietz, Secretary
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 _____ 07/17/2017
Signature of Registered Agent Date

If signing on behalf of an entity:

Justine Karnell - Assistant Secretary
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 (03/12)

SPECIAL LIMITED POWER OF ATTORNEY

I, JAY DIETZ, the duly authorized SECRETARY/TREASURER of ALCOTRA NORTH AMERICA INC. (Company), a CORPORATION formed under the laws of DELAWARE, do hereby make, constitute, and appoint Registered Agent Solutions, Inc., and each duly authorized representative of such entity, including without limitations Jaclyn Wright, Purity Mbogo, and/or Adam Saldaña, as my true and lawful attorney-in-fact with full right, power and authority for me, as an authorized officer/director or manager/member of the aforementioned Company and any subsidiaries as shown on the list appended hereto, if applicable, to act for the Company and any subsidiaries and in the name of the Company and any subsidiaries in order to effectuate a change in their registered agent, registered office, and/or the agent and office of similar import in any jurisdiction.

In the execution of any documents required for the limited purposes set forth above, Jaclyn Wright shall exercise the power of Vice President and Purity Mbogo or Adam Saldaña shall exercise the power of Secretary. In the case of the Company and any subsidiaries having managers or other positions of authority, the named individuals shall act in such office and with such authority as is required to effect the changes set forth above.

This Special Limited Power of Attorney shall be effective as of the date set forth below and shall continue in effect for six months from the effective date. The Company may revoke this Special Limited Power of Attorney at any time by notice to Jaclyn Wright, Purity Mbogo, and/or Adam Saldaña.

IN WITNESS WHEREOF, I, Elise Wilson have set my hand this 12 day of July, 2017.

Jay Dietz
Signature
Name: Jay Dietz
Title: Secretary/Treasurer

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State of Texas
County of Harris

On July 12, 2017 before me, the undersigned, a Notary Public in and for said State, personally appeared Jay Dietz, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he or she executed the same in his or her authorized capacity, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.

Elise Wilson
Signature
Notary Public: Elise Wilson Texas

