## F11000002607

| (Re                                     | equestor's Name)   |             |
|-----------------------------------------|--------------------|-------------|
| (Address)                               |                    |             |
| (Address)                               |                    |             |
| (Ci                                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | usiness Entity Nar | me)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
|                                         |                    |             |
|                                         |                    |             |
|                                         |                    | :           |
|                                         |                    |             |

Office Use Only



700271432087

04/13/15--01006--007 \*\*35.00

15 APR 13 AM 5: 50

(PM 4-14-15

## COVER LETTER

TO: Amendment Section **Division of Corporations** SBT USA INC.

Name of Corporation SUBJECT: F11000002607 DOCUMENT NUMBER: 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:

SBT USA INC. 612 SW 17th AVE Miami, FLorida 33135

Leidy 1102 (a sbt ja ban. com. E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ì٧

at (786) 527 2800. 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 Horida in order to change its registered office or registered agent, or both, in the State of Florida.                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of the corporation: SBT USA INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. The name of the corporation: SOI USH INC.  2. The principal office address: 3225 AVIATION AVE, MIANI FURIDA  33133 (SWITE 300)                                                                                                                                                                                                                                                                                                                                                           |
| 3. The mailing address (if different):                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. Date of incorporation/qualification: 6/23/2011 Document number: F11000002607                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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)                                                                                                                                                                                                                                                                                                                            |
| SBT USAINC. WATARU NOGUCHI                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3225 AVIATION AVE (SUITE 300)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Miami, FLOriDA 33133                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):                                                                                                                                                                                                                                                                                                                                                                             |
| SOT USA INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 612 SW 17th Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| P.O. Box NOT acceptable  Miami FLorida 33135                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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.                                                                                                                                                                                                                                                                                                 |
| Signature of an officer or director  WATARU NOG UCHI / CE O 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. |
| Signature of Registered Agent Date                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| If signing on behalf of an entity:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| WATARU NOGU CH, Typed or Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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