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COVER LETTER

TO:	TO: Amendment Section Division of Corporations					
CHDI	TRENDSETTAH USA, INC.					
SUBJECT: Name of Corporation						
	F12000001495 / FEIN # 80-0694068					
DOC	UMENT NUMBER:					
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
Akrum Alrahib - CEO (or) Tatum Hilmoe - General Counsel						
	Name of Contact Person					
	TRENDSETTAH USA, INC.					
	Firm/Company					
	1850 NW 84TH AVENUE, SUITE 100					
	Address					
DORAL, FLORIDA 33126-1026						
	City/State and Zip Code					
	THILMOE@HILMOELAW.COM					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
	Akrum Alrahib - CEO 888 775-4881					
	Name of Contact Person at () Area Code & Daytime Telephone Number					
Enclo	sed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Street Address: Amendment Section					
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

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	under the laws of the State of	of California
1. The name of t	the corporation: TRENDSETTAH USA, I office address: 1850 NW Avenue, Suite	NC. / FEIN 8	30-0694068
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/08/2011	_ Document number: F120	00001495
	I street address of the current registered agent tment of State: (If resigned, enter resigned)	and registered office on file	with the
	Yadira Prado		
	1850 NW 84th Avenue, Suite 100		_ <u>-</u>
	Doral, FL 33126		
6. The name and (if changed):	I street address of the new registered agent (if	. changed) and /or registered	office
	InCorp Services, Inc.		- 13 - 13 - 13 - 63
	17888 67th Court North		
	P.O. Box NOT accept Loxahatchee, FL 33470	otable	_
The street addre	ess of its registered office and the street addr be identical.	ress of the business office of	f its registered agent,
	as authorized by resolution duly adopted by the board, or the combination has been notified		
	Profession Pr	resident	
	of an officer or director	Printed or typed name and	title
I further agree i performance of	the appointment as registered agent and age to comply with the provisions of all statutes my duties, and I am familiar with and accepts document is being filed merely to reflect at that the corporation has been notified in wr	relative to the proper and c of the obligation of my posit	ion as registered
	Y/	October 12, 2	015
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	itigam on behalf of Incorp Services,	Inc.	

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

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