

F12000002464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

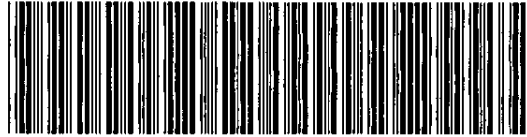
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 21 2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DE RIGO VISION USA INC.
Name of Corporation

DOCUMENT NUMBER: F12000002464

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:

Gianfranco Trifoglietti Verga

Name of Contact Person

DE RIGO VISION USA INC.

Firm/Company

14073 N.W. 8TH STREET

Address

SUNRISE, FL 33325

City/State and Zip Code

gianfranco.trifoglietti@us.derigo.com

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

For further information concerning this matter, please call:

Gianfranco Trifoglietti Verga at (954) 8018483

Name of Contact Person

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: DE RIGO VISION USA INC.
2. The principal office address: 14073 N.W. 8TH STREET
SUNRISE, FL 33325
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/16/1995 Document number: FL2000002464

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)

Iraj Kamili

162 Maple Tree Hill Rd

Oxford, CT 06478

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gianfranco Trifoglietti Verga

2611 Tigertail Ave

P.O. Box NOT acceptable

Coconut Grove, FL 33133

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.

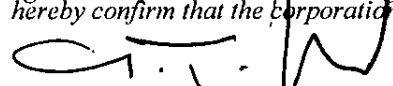


Signature of an officer or director

Iraj Kamili COO

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

05/13/2015

Date

If signing on behalf of an entity:

DE RIGO VISION USA Inc.

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