

F14060002545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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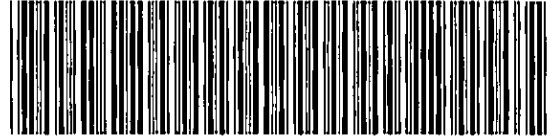
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lacombe Group USA INC.
Name of Corporation

DOCUMENT NUMBER: F 14000002545

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:

Douglas
Name of Contact Person

DOUGLAS JOVANOVIC, P.A. Firm/Company
17 SOUTHEAST 24TH AVENUE
POMPANO BEACH, FLORIDA 33062-5316
(954) 783-6600 Address

City/State and Zip Code

michel@beatax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Jovanovic at (954) 783-8000
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 Quebec in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lacombe Group USA Inc
2. The principal office address: 118 ~~Bat~~ Bourgeois St
St-Mathieu-de-Beloeil, Quebec Canada J3G 0N1
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/13/2014 Document number: F14000002545

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)

RA - Douglas Ivanovic, Esq., P.A.
17 SE 24th Ave
Pompano Beach FL 33062

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

Lapierre, Brault, Elhour & Assoc., Inc
5100 NW 33rd Ave #247
P.O. Box NOT acceptable
Ft. Lauderdale FL 33309

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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]
Signature of an officer or director

Bruno Lacombe 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.

[Signature]
Signature of Registered Agent

10-22-18
Date

If signing on behalf of an entity:

Michael S. Brault, President
Typed or Printed Name

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