## F16000000196

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 197178 5018754 AUTHORIZATION COST LIMIT : ORDER DATE: February 28, 2020 ORDER TIME : 9:37 AM ORDER NO. : 197178-005 CUSTOMER NO: 5018754 CHANGE OF AGENT NAME: AP MONTAGGI USA, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson EXT 62980

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: AP Montaggi USA, Inc.			
Name of Corporation	<del></del>		
DOCUMENT NUMBER: F16000002196			
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Ainedeo Luongo			
Name of Contact Person			
Mendonca & Partners, CPAs, LLC			
Firm/Company			
1030 Salem Road			
Address	<del></del>		
Union, NJ 07083			
City/State and Zip Code			
ALuongo@mpcpallc.com			
E-mail address: (to be used for future annual rep	ort notification)		
For further information concerning this matter, pleas	e call:		
Amedeo Luongo	at (908 ) 352-9797		
Name of Contact Person	at (908) 352-9797 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa	artment of State.		
Mailing Address:	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, ange is submitted for a corporation or to change its registered office o	on organized under the lav	vs of the State of _	New York	-
1. The name of	the corporation: AP Montaggi US	SA, Inc.			
2. The principal	office address: 112 Madison Ave	e., 6th Fl., New York, NY	10016		- -
3. The mailing a	address (if different):				<b>-</b>
4. Date of incor	poration/qualification: 05/07/201	Document r	number:		_
	d street address of the current regrunent of State: (If resigned, ente		d office on file wit	h the	
	Resigned				T-1
				20 J.	******** ******** 1 <i>f</i>
			<del></del> -		11
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and	l /or registered offic	# 9: 3.1 	Ū
	Corporation Service Company				
	1201 Hays Street				
		P.O. Box NOT acceptable			
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the be identical.	e street address of the bus	siness office of its	registered agen	t,
Such change wa	as authorized by resolution duly the board, or the corporation has	adopted by its board of d been notified in writing o	irectors or by an o f the change.	fficer so	
Jignaliya	e of an officer or director	Aten so	しいりん() d or typed name and title	CFO	
hereby accept further agree to funy duties, and document is beil corporation has Corporation	the appointment as registered a comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this system of Registered Agent				re is e
f signing on bel	half of an entity:				
Kadesha Asst. Vice	Roberson President				
	ped or Printed Name	_			

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