F21000002286

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	<u>.</u>		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

то:	Amendment Section Division of Corporations	ž	
SUBJ Name	ECT: Glamm USA Inc of Corporation		
DOC	UMENT NUMBER: F2100000286		<u></u> _
The er	nclosed Statement of Change of Registered	Office/Agent and fe	e are submitted for filing.
Please	return all correspondence concerning this	matter to the following	ing:
Lucia S	Scarampi		
	of Contact Person		
Glamn	n USA Inc		
Firm/C	Company		
3525 P	Palmetto Avenue		
Addre	SS		
Miami	, FL 33133		
City/S	tate and Zip Code		
	Lucia.scarampi@gmail.com		
E-mai	il address: (to be used for future annual	report notification)
	`	•	•
For fu	rther information concerning this matter, p	olease call:	
Lucia	Scarampi	at (347	_\ 248-4961
	Name of Contact Person	Area Co)248-4961 ode & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the		
	Mailing Address:	Street Addre	ss:
	Amendment Section	Amendment	Section
	Division of Corporations	Division of (
	P.O. Box 6327	The Centre of	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 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.					
·	the corporation: Glamm USA Inc.	-			
2. The principal office address: 3525 Palmetto Avenue, Miami, FL 33133					
3. The mailing a	address (if different):				
	Date of incorporation/qualification: 3/26/2016 Document number: F2100000286				
	d street address of the current registered rtment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)			
	Lucia Scarampi				
	488 NE 18th St #2115				
	Miami, FL 33132				
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office			
	Lucia Scarampi				
	3525 Palmetto Avenue				
	P.O. Box NOT acceptable				
	Miami, FL 33133				
The street addr	ess of its registered office and the stre l be identical.	et address of the business office of its registered agent,			
Such change w authorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.			
	Land .	Lucia Scarampi, President			
~	ure of an officer or director	Printed or typed name and title			
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent to comply with the provisions of all st nd I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity. tatutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.			
De	a fragi	As. 1 26, 2021			
	gnature of Registered Agent	Date			
If signing on be	chalf of an entity:				
ר	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
CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.				
1. The name of	the corporation: Glamm USA Inc					
The principal office address: 3525 Palmetto Avenue, Miami, FL 33133						
3. The mailing	address (if different):					
4. Date of incor	poration/qualification: 3/26/2016	Document number: F2100000286				
5. The name an		istered agent and registered office on file with the				
	Lucia Scarampi					
	488 NE 18th St #2115					
	Miami, FL 33132					
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered office				
	Lucia Scarampi					
	3525 Palmetto Avenue					
	Miami, FL 33133	P.O. Box NOT acceptable				
The street address changed will	ess of its registered office and the identical.	e street address of the business office of its registered agent,				
4		adopted by its board of directors or by an officer so been notified in writing of the change.				
م فران ان ما مسکون		Lucia Scarampi, President				
l hereby accept I further agree t of my duties, an document is bei	re of an officer or director the appointment as registered of to comply with the provisions of the difference of the di	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.				
ر سېسمىتىد	afranja	Augus 26, 2001				
Sign	nature of Registered Agent	Date				
f signing on be	half of an entity:					
Ту	ped or Printed Name					
	* * * FIL	NG FEE: \$35.00 * * *				

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