

Electronic Filing Menu Corporate Filing Menu

Help

JUN 1 7 2022

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#### · COVER LETTER

TO: Amendment Section Division of Corporations

## ARPER USA INC.

SUBJECT: \_\_\_\_\_\_ Name of Corporation

# DOCUMENT NUMBER: F21000004951

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:

### Joshua Murphy

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, Texas 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua Murphy	at ( <sup>888</sup> ) <sup>705-7274</sup>		~ `	
Name of Contact Person	Area Code & Daytime Telepho	ne Numb	CF-3	
		7,	~~ ~	3 <b>1</b> - 7 - 7
Enclosed is a \$35.00 check made payable to the Department of State.				
				. •"
Mailing Address:	Street Address:	• • •		•
Amendment Section	Amendment Section	1	 [\]	S
Division of Corporations	Division of Corporations		••	-
P.O. Box 6327	The Centre of Tallahassee	1 1	1ر) دن	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	• •		
	Tallahassee, FL 32303			

CR2E045 (04/13)

		RED OFFICE OR REGISTERED AG	H22000209579 3		
	e provisions of sections 607.0502, 61	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of			
-		registered agent, or both, in the State of I			
1. The name of	f the corporation: ARPER USA	INC.			
2. The principa	al office address: 476 BROADV	VAY SUITE 2F NEW YORK	, NY 10013		
3. The mailing	address (if different):		·		
4. Date of inco	rporation/qualification: 8/24/202	ation: 8/24/2021 Document number: F21000004951			
	nd street address of the current regist artment of State: (If resigned, enter n	ered agent and registered office on file w esigned)	ith the		
	BLUMBERGEXCELSIOR (	CORPORATE SERVICES, INC.			
	155 OFFICE PLAZA DRIVE	1ST FLOOR	-		
	TALLAHASSEE	FL 32301	-		
6. The name ar (if changed)	•	ed agent (if changed) and /or registered of	- fice		
	155 Office Plaza Dr.	Suite A	-		
		P.O. Box NOT acceptable	-		
	Tallahassee	FL 32301	- 6 22		
The street add as changed wi	ress of its registered office and the a libe identical.	street address of the business office of it	s registered agent.		
Such change v authorized by	vas authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so		
	dio Feltrin	Claudio Feltrin	President		
I hereby accep I further agree of my duties, a document is be	e to comply with the provisions of a and I am familiar with and accept th	Printed or typed name and to ent and agree to act in this capacity. Il statutes relative to the proper and con he obligation of my position as registere e in the registered office address. I herei hange.	cn nplete performanee d agent. Or, if this		
Hock	mzindt	06/16/2022			
S	ignature of Registered Agent	Date			
If signing on b	whalf of an entity:				
	t, Assistant Secretary				
	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)