

F9400002394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

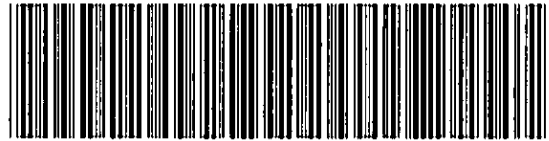
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GRENDENE USA, INC.  
Name of Corporation

DOCUMENT NUMBER: F94000002394

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:

Bradley K. Alley Esq

Name of Contact Person

Law office of Bradley K. Alley

Firm/Company

916 Mayfair Circle

Address

Orlando FL 32803

City/State and Zip Code

bradalley53@gmail.com

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

For further information concerning this matter, please call:

Brad Alley

Name of Contact Person

at (407) 222-0919

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**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: GRENDENE USA, INC.
2. The principal office address: 620 METROWEST BLVD., STE 260, ORLANDO FL 32835
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/9/1994 Document number: F 94000002394
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)  
TIAGO TREGANSIN  
2481 Principal Row, Ste 300  
Orlando FL 32837
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

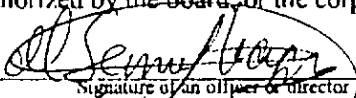
Martha Liliana Sanchez-Logsdon

6200 Metrowest Blvd. Ste 206, Orlando FL 32835

P.O. Box NOT acceptable


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

MARTHA LILIANA SANCHEZ-LOGSDON  
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

11-22-2022  
Date

If signing on behalf of an entity:

N/A

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)

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