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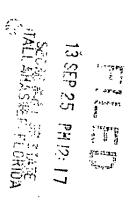
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Full AND Fluids E Name of Limited	CUIPMENT USA LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
FABIO ROWDERDS		
Name of Person		
FABIO RONDEROS	PA	
. ,		
946 Jade et	,	
Address	——— 	
Weston, PC 3332	7 25 P	. 15
City/State and Zip Code		7 :: G
Saeta @ Jahoo- C E-mail address: (to be used for future amual report notification	om Promo	iana: Irei
For further information concerning this matter, please call:		
Fabro Ronderos at (914) 330-2590.	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	unt:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	O FLUIDS EQUIPMENT USALLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	13415 SW 625+#5 MIAMI, FC 33183
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10773 NW 58 street #193 Miami, FL 33178
03/02/2001	201000003337
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent: Con	PORATE MAINTANCE SERVICES LLC
Registered Office Address:	13415 SW 625trut #5 Miami, FC 33183
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	
NEW Registered Agent:	Fabio Ponderos PA 946 Jude ct
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	946. Jasle C1
	Weston ,FL 33326.
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of member or authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Printed or typed name of signee	ORIGA DA
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to mel address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00