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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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EXAMINER



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SECRETARY OF STATE OF

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: USALANDSAL (Name of	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Raj Balkaran (Name of Person)	·
CBD Rad Estate Inves. (Firm/Company)	tmant
(Address)	76
Celebration, Fr 5 (City/State and Zip Code)	4747
For further information concerning this matter	er, please call:
(Name of Person)	at (407) 566-267 (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	ng amount:
\$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:USALK	ANDSALE, CLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Colebration FL 34747
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 470176
	Celebration Fe 34747
2/04/2005 3. Date of filing/registration in Florida	L05000013652
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Mark Goitein
Registered Office Address:	604 Martiet Street Unit 260
	Cokbration Fr 34747
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1420 Colebration Bluck Suite 200 Colebration ,FL 34747
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	PH 12:
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the finited liability company has been notified (Signature of Resistered Agent)	ngree to act in this capacity. I further agree to complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.

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