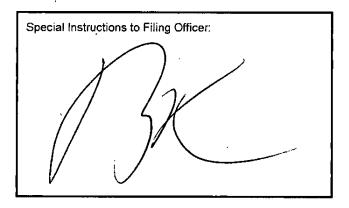
L05000031377

	(Re	questor's Name)				
	(Ad	dress)	·			
	(Ad	dress)				
	(Cit	y/State/Zip/Phon	e #)			
PICK-I	UP	☐ WAIT	MAIL			
	(Bu	siness Entity Na	me)			
	(Do	cument Number)				
Certified Copies		Certificates of Status				



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07 APR -9 AH 10: 39

DETAIL OF CORPORATION



ACCOUNT NO. : 072100000032 REFERENCE : 770164 7515113

AUTHORIZATION

COST LIMIT (/\\$\sigma 25.0

ORDER DATE: February 21, 2007

ORDER TIME : 9:51 AM

ORDER NO. : 770164-060

CUSTOMER NO: 7515113

CHANGE OF AGENT

NAME: USA VENTURES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:

- 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. The name of the limite	ed liability company is	: USA VENTU	RES, LLC		
2. The mailing address of	f the limited liability c	company is: _			
123 Sloane Street,	, London, England	GB SW1X-9B	w uk		
03/20/2005			L05000031377		
3. Date of filing/registration in Florida			4. Document number		
3. Date of ming/registrat.	ion in r ionda		4. Document num	iloci	
5. The name of the register Florida Department of		istered office a	iddress as shown o	on the records of the	
	Corpora	tion Company	y of Miami		
		Name			
	201 South Bi		evard 1600		
Address				TAI SE	
Miami, FL 33131 City, State and Zip				नियु न ना	
·	•	•		En P	
6. The name and address	of the new registered a	agent and/or of	ffice:	55 S	
	Corporation	on Service C	ompany.	APR-9 MII: 27 APR-9 MII: 27 CRETARY OF SIAT	
		Name		FLS	
	1201	Hays Street		927 27	
	Florida street addre	ss (P.O. Box N	IOT acceptable)	OF A	
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability company.	hange or changes are read the registered agent wereby confirmed that the diability company or the limited liability of the liability o	made, the Florivill be identicate change(s) was otherwise peompany.	ida street address (ll. Or, in the case (as/were authorized	of the registered office of a Florida limited d by an affirmative vote of	
Mauroon Cullon Buch	owigod Downer				
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)			ee to act in this caper and complete per on as registered a y reflect a change as been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.	
(wivia Queppet, As	SC. VP			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00