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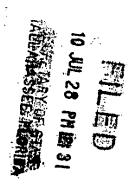
(Requestor's Name)					
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PICK-UP WAIT	MAIL.				
(Business Entity Name)					
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(Document Number)					
Certified Copies Certified	eates of Status				
Special Instructions to Filing Officer:					
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Office Use Only



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D. BRUCE

JUL 29 2010

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJECT: Baidwan-USA, LLC					_	
	Name of	Limited	l Liability (Company		
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Registered	Office (Change and	I fee(s) are submitted	for filing.	
Pleas	e return all correspondence concernin	g this m	atter to the	following:		
	Ela M. Lugo					
	Name of Person					
	Lugo Law, Inc. Firm/Company					
	rimi/Company					
		* .			E.	
	927 S. ridgewood Ave., Suite	e A-7				5
	Address					
	Edgewater, FL 32132					
	City/State and Zip Code	•				1
						O
 1	lugolaw@gate.net	t notificatio	on)		200	عسونين <u>ق</u> عة
	urther information concerning this ma					
	Ela M. Lugo	at (_	386)	427-005		_
	Name of Person		Area	Code & Daytime Telephon	e Number	·
STREET/COURIER ADDRESS: MAILING ADDRESS:						
	Registration Section Registration Section					
	Division of Corporations Division of Corporations Division of Corporations					
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314					
-	Tallahassee, Florida 32301		тапапа	ssee, Florida 32314		
	Enclosed is a check for the follow	ing amo	ount:			
	\$25 Filing Fee		\$55 F	iling Fee & Certified	Сору	

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.

Name of the limited liability company:	Baidwan-USA, LLC			
2. (a) Principal office address of limited liability company:	927 S. Ridgewood Ave., Suite A-7			
(Note: MUST BE STREET ADDRESS)	Edgewater, FL 32132			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
11/07/2005	L 05000109851			
3. Date of filing/registration in Florida 4	. Document number ,			
5. (a) Registered Agent and Registered Office shown on the	e records of the Florida Deptilof State:			
Registered Agent:	Michael P. Arman			
Registered Office Address:	PO Box 785			
<u>ē</u>	Oak Hill, FL 32759			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:			
NEW Registered Agent:	Ela M. Lugo			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	927 S. Ridgewood Ave., Suite A-7			
[Mest be I bekin is in the interest	Edgewater, ,FL 32132			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member				
Harinder Baidwan				
Printed or typed name of signee	•			
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the provi and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I have by confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.			

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