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| (Re | equestor's Name) | | | | | | |
|---|----------------------|----------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (Ci | ty/State/Zip/Phone # | () | | | | | |
| PICK-UP | WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates o | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | • | | | | | | |
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Office Use Only



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K. SALY EXAMINER AUG 2 6 2015

COVER LETTER

| Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: Latin American Trading Services, LLC Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | |
| | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Name of Person | | | | | | |
| Firm/Company | | | | | | |
| 12200 W Colonial DR #3000 Address | | | | | | |
| Winter GERDEN, FC 34787 City/State and Zip Code | | | | | | |
| E-hail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Name of Person at (407) 347 0698 Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| \$25 Filing Fee & Certified Copy | | | | | | |

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na | ame of the limited liability company: Latin Am | exic | an Tr | ading | Service | sllc |
|-------------------------------|--|---------------------------------------|---|---|---|---|
| 2 (a) | | (h) | | _ | | • |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | 1 | | ess of limited liab | |
| | 12200 WOWNIGE DR #3000 | • | 12200 | 2 W C | WNIAL | DR #300 |
| | WINTER GARDEN, FL 34787 | | WITT | er 6a | LOEN, I | FL 34987 |
| | 5/3/2006 | | LO | 6000 | 04623 | 3 4 |
| 3. | Date of filing/registration in Florida | 4. | | Documen | t number | |
| 5. (a) | Registered Agent and Registered Office shown on the records of the l | | | _ | | |
| | TAGO 1001 A/A | | | e: | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADD | DRESS) | | _ | _ | 3 |
| | 7380 W SUND LAKE RD S | | | | SEC | |
| | ORLANDO, FL | | | - | EURETARY OF S | FILED PH 5:31 |
| 41.5 | | | | | SEE | 2 [|
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Off | fice add | ress: | - | FSIF | i. |
| | JOSE MOLINA | | | _ | RIDE | 3 |
| | NEW Registered Office Address: | | | | | |
| | 12200 W COLONIAL DR #300 | <u>90</u> | | _ | | |
| | Winter GarDEN, FL | 34 | 787 | _ | | |
| the cha agent v was/we | imited liability company is not organized under the laws onge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilere authorized by an affirmative vote of the members of the limited of the limited liabiles of organization or the operating agreement of the limited liabiles. | e regis lity con he limi | tered office mpany, it i ted liabilit | e and the b s hereby co v company | ousiness office onfirmed that t | of the registered the change(s) |
| | ////// | | | | AO LINA typed name of sig | |
| Signat | ture of a member or authorized representative of a member | | | Printed or t | typed name of sig | nee |
| provisi the obl to mere | by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided factly reflect a change in the registered office address, I here in writing of this change. | to act rforma or in C eby co | in this cap ince of my hapter 605 nfirm that | acity. I fundaties, and 5, F.S. Or, the limited | rther agree to I I am familiar if this docume I liability comp | comply with the with and accept ent is being filed cany has been |
| Signatu | re of Registered Agent | | | | | |
| | Division of Corporations P.O. Box | x 6327 | • Tallahas | ssee, FL 32 | 2314 | |

FILING FEE: \$25.00