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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)260-3335 : (954)208-0845 Phone Fax Number \*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. \* \* - C Email Address:

## LLC REGISTERED AGENT CHANGE IMUSA USA, LLC

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EXAMINEF

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## 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.

. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	6000 NW 97th Ave, Unit 26	6000 NW 97th Ave, Unit 26		
	Dorat, FL 33178	Doral, FL		
	09/18/2006	L060000	091009	
	Date of filing/registration in Florida	4.	Document number	
(a)				
. (	Registered Agent and Registered Office shown on the records of Quijano. Sandra	of the Florida Dept. of	State:	
	Registered Office Address	TADDRESS)	<del></del>	
	6000 NW 97th Ave, Unit 26			
	DORAL , H	33178		
	, ,	L		
(b)	Enter name of NEW Registered Agent and/or NEW Registered		TOECC TO THE CONTRACT OF THE C	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	28	
	C T Corporation System		DEC 28 AM 9: 24	
	NEW Registered Office Address:		—	
	1200 South Pinc Island Road			
	Plantation, F	TL 33324		
ne cha gent v /as/w/	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the members.	of the registered o liability company, s of the limited lial ne limited liability	ffice and the business office of the registe, it is hereby confirmed that the change(s) bility company or as otherwise provided i	
Siene	Signature of a member or authorized representative of a member		Printed or typed name of signee	
-	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provid cly reflect a change in the registered office address.	gree to uct in this le performance of	capacity. I further agree to comply with a my duties, and I am familiar with and act	

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