L07000034829

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Priorie #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2012 FEB -9 AM W: 15
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS
FEB 1 0.2012
EXAMINER

COVER LETTER

: #	Division of Corporations				
SUBJ	ECT:	RYSC	NN USA LL	.C	
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	Office	Change and fee	(c) are submitted for filing	
1110 01	iciosca registerea registerea	Onico	change and rec	(3) the submitted for ming.	
Please	return all correspondence concerning	g this n	natter to the foll	owing:	
	Sharon Bail				
	Name of Person				
	Rysonn USA LLC				
	Firm/Company				
	3775, NW 77TH STREE	Γ	 		
	Address				
	MIAMI, FL 33147				
	City/State and Zip Code				
	SHARON@RYSONN.CO mail address: (to be used for future annual report	M			
E•	mail address: (to be used for future annual report	nouticati	on)		
For fu	rther information concerning this man	tter, ple	ase call:		
	SHARON BAIL	at (305)	320-1695	
	Name of Person		Area Code	& Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING	ADDRESS:	
Registration Section		Registration Section			
	Division of Corporations			Corporations	
	Clifton Building		P.O. Box 63	27	
	2661 Executive Center Circle		Tallahassee,	Florida 32314	
	Tallahassee, Florida 32301				
	Enclosed is a check for the following amount:				
}	\$25 Filing Fee		\$55 Filing	Fee & Certified Copy	

TO: Registration Section

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:	RYSONN USA LLC			
2. (a) Principal office address of limited liability company	3775 NW 77 ST, MIAMI, FL 33147			
(Note: MUST BE STREET ADDRESS)				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3775 NW 77 ST, MIAMI, FL 33 47			
\(\text{\cont}\)	SY TI			
04/02/2007	L07000034829			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on				
Registered Agent:	CORPORATE CREATIONS NETWORK			
Registered Office Address:	11380 PROSPERITY FARMS ROAD #26			
	PALM BEACH GARDENS FL 33410 US			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:			
NEW Registered Agent:	SHARON BAIL			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3775, NE 77TH ST			
	MIAMI ,FL33147			
If the limited liability company is not organized under the loonfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member SHARON BAIL Printed or typed name of signee	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization			
I hereby accept the appointment as registered agent and a	greate act in this canacity. I first har to rea to			
comply with the provisions of all statutes relative to the proud of the configuration of the product of the configuration of the process of the configuration of the product of the configuration of the limited hability company	per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.			
Signature of Registered Agent	HASS			
Division of Corporations, P.O. Box 63: FILING FEE: \$2	27, Tallahassee, FL 32314 📆 🕒 📉			
NHS 18 (05/08)	55 E			