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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BEMER USA, 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 concernin	g this matter to the following:			
Caecilie Colón				
(Name of Person)				
BEMER USA, LLC (Firm/Company)				
159 Lookout Place				
(Address) Maitland FL 32751				
(City/State and Zip Code)				
For further information concerning this ma	tter, please call:			
Caecilie Colón	at (407) 628-0511			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	ing amount:			
\$25 Filing Fee	▼ \$55 Filing Fee & Certified Copy			

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 limited	I liability company is:	BEMER USA,	LLC	
2. The mailing address of	the limited liability co	ompany is : 15	59 Lookout Place, M	aitland FL 32751
04/24/2007	•		L07000043722	·
3. Date of filing/registration	on in Florida	4	4. Document numb	per
5. The name of the register Florida Department of S		stered office a	ddress as shown or	the records of the
•	Thomas Ashworth			4
·		Name		部 可
159 Lookout Place				CRI PE
		Address		7 DEC 13
	Maitland FL 32751			SSIA
	City,	State and Zip	1	EFG A ST
6. The name and address o	f the new registered ag	gent and/or of	fice:	AMIO: 12 SSEE FLORID
<u>(</u>	Caecilie Colón			DE N
	ו 159 Lookout Place	Name		•
-	Florida street address	s (P.O. Box N	OT acceptable)	
<u>!</u>	Maitland	FL 32751	<u>.</u> .	·····
	City, S	State and Zip		
If the limited liability compounts on the confirmed that after the chand the business office of the liability company, it is negot the members of the limit or the operating agreement	ange or changes are m he registered agent wi	iade, the Flori ill be identical	da street address of	f the registered office
(Signature of a member or authoriz	ed representative of a membe	er)		
<i>ℓ</i> Nik Gleim				
(Printed or typed name of signee)	<u> </u>			
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608 F.S. Or, if th agares, whereby confirm t	Iment as registered as of all statutes relative accept the obligation is document is being f hat the limited liabilit	gent and agre to the prope s of my positi filed to merely ty company ha	e to act in this cape r and complete per on as registered ag reflect a change i is been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.

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

(Signature of Registered Agent)