L08000003722

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
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SUBJECT: Areas USA MCO, LLC	
(Name	e 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:
Richard L. Barbara, Esq. (Name of Person)	
(Name of Person)	
Tip .	
Alvarez, Almazan & Barbara, LLP	
(Firm/Company)	
2701 South Bayshore Drive, Suite 305	
(Address)	
Miami, FL 33133	
(City/State and Zip Code)	
For further information concerning this ma	itter, please call:
-	
Richard L. Barbara, Esq.	at (305) 263-7700
(Name of Person)	(Area Code & Daytime Telephone Number)
, ,	
CERRENCOURIER ADDRECS.	MANUACARDECS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	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. Name of the limited liability company: Areas USA	MCO, LLC		#
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 5301 Blue Lagoon Drive, Suite 690 Miami, FL 33126	09 APR SECRE TALLAH	17
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		TARY OF	
1/11/2008 3. Date of filing/registration in Florida	<u>L08000003722</u> 4. Document number	2: 07 STATE ORIDA	
5. (a) Registered Agent and Registered Office shown on		rate:	
Registered Agent:	Corporate Creations Network, Inc.	ate.	
Registered Office Address:	11380 Prosperity Farms Rd., #221E Palm Beach Gardens, FL 33410		0
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	W Registered Office address: Richard L. Barbara, Esq.		0
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Alvarez, Almazan & Barbara, LLP 2701 South Bayshore Drive, Suite 305 Miami ,FL 3:		
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the captereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member of authorized representative of a member)	t address of the registered office and use of a Florida limited liability comp	the business	i
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited hability company has been notified (Signature of Registered Agent)	- gree to act in this capacity. I further per and complete performance of m as registered agent as provided for i hange in the registered office addre: in writing of this change.	agree to y duties, and n Chapter 6(ss, I hêreby	' I 98,
Division of Corporations, P.O. Box FILING FEE:			