LD8000044163

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		,

Office Use Only



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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

J. BRYAN

SEP 2 2 2010

EXAMINER

COVER LETTER

COVAIN MET LESS	
TO: Registration Section Division of Corporations	
SUBJECT: Sinapsis Trading 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 concerning this matter to the following:	
Ocqueline Cabrera Nerns of Person Whra Aviation Services, Inc. First Company PO BOX 996548 Address Miami, FL 33299 City/State and Zip Code	10 SEP 10 AM 9: 53 SEUNCIANT OF SIATE TALLAHASSEE, FLORIDA
Cabrera Cultravi. Com	
For further information concerning this matter, please call:	
acqueline Cabrera at 305 876.0091 Name of Person Name of Person	unber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	·
Enclosed is a check for the following amount:	
\$35 Filing Fee \$55 Filing Fee & Certified C	ф
INHS18 (5/02)	

INHS18 (05/08)

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	E. C.		
STATEMENT OF CHANGE OF REGISTERED OFFIC BOTH FOR LIMITED LIABILITY COMPANY	E OR REGISTERED AGENT OR		
Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	B, Flortda Statutes, the undersigned limited of to change its registered office or registered		
1. Name of the limited liability company:	-i		
2. (a) Principal office address of limited liability company:	5600 NW 36 St #513		
(Note: MUST BE STREET ADDRESS)	Miami FL 33166		
(b) Mailing address of limited liability company:	PO BOX 996548		
(Note: MAY BE POST OFFICE BOX)	Miami F1 53289		
5/2/08	L08000044163		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	Jose A. Reisco		
Registered Office Address:	95 Merrick Way # 250		
•	Reisco & Co. LLC		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	Jacqueline Cabrera		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Ultra Aviation Svc. Inc.		
	<u>Miani</u> FL 33166		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.	loride street address of the registered office		
Signification of a member or authorized representative of a member	-		
Fablo Talin Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and comply with the provisions of all statues relative to the part of an lamitude with and accept the obligations of my part to the provision of the company of the	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.		
Signature of Registered Agent	ant mallabassas are analy		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			