

LO8000044163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

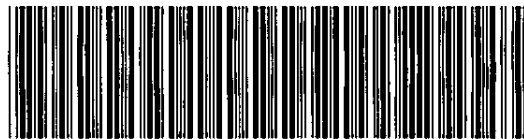
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2014

CRISTINA TALIN
PO BOX 668151
MIAMI, FL 33166

SUBJECT: SINAPSIS TRADING U.S.A., LLC
Ref. Number: L08000044163

We have received your document for SINAPSIS TRADING U.S.A., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00003790

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sinapsis Trading USA
Name of Corporation

DOCUMENT NUMBER: L08000044163

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristina Talin

Name of Contact Person

Sinapsis Trading USA

Firm/Company

PO Box 668151

Address

Miami, FL 33166

City/State and Zip Code

cristina.talin@truestargroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Talin

Name of Contact Person

at (305) 717-6898

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: SINAPSIS TRADING U.S.A., LLC

2. (a) Principal office address of limited liability company: 4480 NW 73 Ave
(Note: **MUST BE STREET ADDRESS**)

Miami, FL 33166

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

PO Box 668151

Miami, FL 33166

10/16/2009

L08000044163

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Massimo Magnani

Registered Office Address: 4480 NW 73 Ave

Miami, FL 33166

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Robert Allen Law

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

1441 Brickell Ave, #1400

Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Cristina Talin
Signature of a member or authorized representative of a member

Cristina Talin
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robert Allen Law
Signature of Registered Agent Robert Allen Law
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00