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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TINER GY HULDING US LICE Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for fifting			
Please return all correspondence concerning this matter to the following:			
Elec Cours			
Name of Person			
FINEROT HOLDING US			
Firm/Company			
2170 HAIN STREET, STE. 401			
STAR-ASOTA TI 342251 City/State and Zip Code			
E-mail address: (to be used for future annual tepp) notification)			
For further information concerning this matter, please call:			
Knows how Cookya W at (GUI) 917-15494 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section 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 following amount:			
L /			
☐ \$55 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 bolh, in the State of Florida.

agent, or don't interesting by Frontian	
1. Name of the limited liability company:	RESOL HOTDING METIL
 (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	SATINGOTA, AF 229 23 V
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	STE GOL SARASUM TO STEE
9/23/2009	L. Of Docorrigion
	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	JUHN WAGNER
Registered Office Address:	200 C. CRANGE AVE SARASCOTA (C. 24736)
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	V Registered Office address:
NEW Registered Office Address:	2170 Hand Street
(MUST BE FLORIDA STREET ADDRESS)	STER GOL BARASCTA FL 37237
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwisthe operating agreement of the limited liability company.	orida street address of the registered office
Signature of advember or duthorized representative of a member	-
Ene Collin	_
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 pro and I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, sittion 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	
Division of Corporations, P.O. Box 63 FILING FEE: \$2	· ·