

L10000089498

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

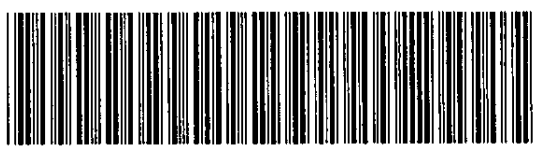
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/22/16--01003--021    \*\*25.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS  
16 APR 22 PM 3:05  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310  
16 APR 22 PM 4:02

APR 25 2016  
S. YOUNG

CT

April 22, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9974452 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Vettore USA LLC (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL  
16 APR 22 PM 4:02

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VETTORE 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:

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL  
16 APR 22 PM 4:02

JEAN GUILMOTO

Name of Person

TEJO MANAGEMENT

Firm/Company

1110 BRICKELL AVENUE, STE 404

Address

MIAMI, FL 33131

City/State and Zip Code

jean.guilmoto@fulton.fl

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

For further information concerning this matter, please call:

JEAN GUILMOTO

Name of Person

at (917) 972-7071

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: VE T T O R E    U S A   L L C
2. (a) 1110 BRICKELL AVE, STE 404 (b) 1110 BRICKELL AVE, STE 404  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
MIAMI, FL 33131 MIAMI, FL 33131
3. 8/25/10 4. L10000089428  
Date of filing/registration in Florida Document number

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

4770 BISCAYNE BLVD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
STE 1430  
MIAMI, FL 33137

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

NRAI Services, Inc.

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

[Signature]  
Signature of a member or authorized representative of a member

JEAN GUILMOTO  
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.

By: Connie Bryan  
Signature of Registered Agent

Connie Bryan  
Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED STATE  
SECRETARY OF FLORIDA  
16 APR 22 PM 4:02