Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000268349 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number: I20070000020

Phone

: (813)435-3176

Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE MARCOUL USA LLC

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11/9/2012

H120002683493

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. Na	ame of the limited liability company: MARCOUL USA LL	c `			
2 (a)	Principal office address of limited liability company: 12020 VILLANOVA DRIVE				
2. (a)	(Note: MUST BE STREET ADDRESS)	UNIT 101	······································		
	(Note: MOST BE STREET ADDRESS)	ORLANDO FL 32837 US	> N		
			-4.		
(h) Mailing address of limited liability company:	11656 NOTRE-DAME EST POINT	11656 NOTRE-DAME EST POINTE-AUX-TREMBLES		
, (0	(Note: MAY BE POST OFFICE BOX)		22 1 =		
	(Note: MAT BET OUT OF TICE BOX)	QU H1B2X-5 CA	SS		
					
4410610	2040	L10000115538			
11/05/2					
3. D	ate of filing/registration in Florida	4. Document number	ာ ည≧ု ဟ		
5. (a	a) Registered Agent and Registered Office shown of	on the records of the Florid	a Dept. of State:		
	Registered Agent:	THE LAW OFFICES OF NICK SPI	RADLIN, PLLC		
	Registered Office Address:	12000 NORTH DALE MABRY HV	~		
		SUITE 110			
		TAMPA, FLORIDA 33618			
	NEW Registered Agent: NEW Registered Office Address:	18952 NORTH DALE MABRY HW	~		
•	(MUST BE FLORIDA STREET ADDRESS)	SUITE 102			
		LUTZ	,FL_33548		
confi and t liabil the n the o	e limited liability company is not organized under the irmed that after the change or changes are made, the business office of the registered agent will be id lity company, it is hereby confirmed that the change nembers of the limited liability company or as other perating agreement of the limited liability company	e Florida street address of the entical. Or, in the case of a case of a case were authorized by twise provided in the articles.	the registered office a Florida limited y an affirmative vote of		
Printe	plas J. SPRADLIN, ESQ. AUTHORIZED REPRESENTATIVE and or typed name of signee				
I her comp and Chap addr	reby accept the appointment as registered agent an oly with the provisions of all statutes relative to the I am familiar with and accept the obligations of my oter 608, F.S. Or, if this document is being filed to ess, I hereby confirm that the limited liability comp	d agree to act in this capa proper and complete perfor position as registered age merely reflect a change in pany has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.		
Signa	attre of Registered Agent				
-	() () ~	. 4227 Tallaharan EY 2	2214		
	Division of Corporations, P.O. Box	(D.527, Lahanassee, FL 3	4314		

FILING FEE: \$25.00

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