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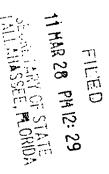
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K. SALY EXAMINER MAR 3 0 2011

COVER LETTER

10.	Division of Corporations				
SUBJ	BJECT: APOLEO USA LLC				
		imited	Liability Co	mpany	
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered (Office (Change and fe	ee(s) are submit	ted for filing.
Please	e return all correspondence concerning	this m	atter to the fo	llowing:	
	FREDERIC GAUTIER Name of Person				
	Name of Ferson				
	APOLEO USA, L.L.C. Firm/Company				
	1200 EUCLID AVENUE, SUITE	#208			
•	, Address				er i
	MIAMI BEACH, FLORIDA 33 City/State and Zip Code	140			
Ē	FGAUTIER@ILACAD.CON	/I otificatio	n)		
For fu	orther information concerning this matt	er, plea	ise call:		
	FREDERIC GAUTIER	_ at (868-5	
	Name of Person		Area Co	de & Daytime Telep	hone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registration of P.O. Box 6	f Corporations	
	Enclosed is a check for the following	ng amo	unt:		
	\$25 Filing Fee		\$55 Filin	ng Fee & Certif	ied 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 both, in the State of Florida.

Name of the limited liability company:	APOLEO USA LLC			
2. (a) Principal office address of limited liability company	/: 1200 EUCLID AVENUE			
(Note: MUST BE STREET ADDRESS)	MIAMI BEACH, FLORIDA 33149			
(b) Mailing address of limited liability company:	The state of the s			
(Note: MAY BE POST OFFICE BOX)				
01/04/2011	L11000000903			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:			
Registered Agent:	ERIC AMSALLEM			
Registered Office Address:	310 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140			
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ANTHONY L. TRULLENQUE, ESQ. 7098 BONITA DRIVE			
(MCSI BLI LONIDA SINDLI ADDRESS)	MIAMI BEACH ,FL33141			
If the limited liability company is not organized under the leanning confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization			
Signature of a member or authorized representative of a member	-			
FREDERIC GAUTIER Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with aid accept the obligations of my post Chapter 108, F. S. Or of this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for 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 632	27, Tallahassee, FL 32314			

FILING FEE: \$25.00