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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

: (323)962-3889 Fax Number

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

Email Address:___

LLC REGISTERED AGENT CHANGE TUDO BEM TUDO BOM USA, LLC

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INHS18 (2/14)

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	TUDO BEM TUDO BOM USA	, LLC	
30007	Name of Limited Liability Company		
Dear S	iir or Madam:		
The en	sclosed Registered Agent/Registered Office	Change and fee(s) are	submitted for filing.
Please	return all correspondence concerning this	natter to the following:	
Chey	renne Moseley		
	Name of Person		
Lega	Izoom.com, Inc.		
	Firm/Company		
101 !	N. Brand Blvd., 10th Floor		
	Address		
Glen	dale, CA 91203		
	City/State and Zip Code		
	r@tbtbglobal.com		
	E-mail address: (to be used for future annu-	Treport notification)	
For fu	orther information concerning this matter, p	ease call:	
Chey	yenne Moseley	01/	0888 ext 9724
- ,	Name of Person	Area Co	ode & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section	MAILING A	Section
	Division of Corporations		Corporations
	Clifton Building	P.O. Box 633	77 Florida 323 4
	2661 Executive Center Circle Tallahassee, Florida 32301	i ananassee,	, 101.138 3 = 3 1 1
	Enclosed is a check for the following a	mount:	
	S25 Filing Fee	S55 Filing l	Fee & Certified Copy

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.

l Na	me of the limited liability company: TUDO BEM	TUDO BOM USA, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3583 SW 17TH STREET	80 SW 8TH STREET SUITE 2000	
	MIAMI, FL 33145	MIAMI, FL 33130	
	03/11/2011	L11000030499	
3.	Date of filing/registration in Florida	4. Document number	
5 (a)			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
	ANA LAURA BUSTILLOS		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	3401 GRANADA BLVD	W, R	
	CORAL GABLES , FL	33134 # Office address: TS, INC.	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	0 E	
	Enter name of NEW Registered Agent and/or NEW Registered	TOTAL CONTROL OF THE PARTY OF T	
	UNITED STATES CORPORATION AGENT	rs, INC.	
	NEW Registered Office Address:	2	
	5575 S. Semoran Blvd., Suite 36		
	Orlando, FI	, 32822	
the ch	limited liability company is not organized under the la ange or changes are made, the Florida street address o	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. Oscar Miguel Bustillos	
	ature of a member or authorized representative of a member	Printed or typed name of signee	
the ob to men notifie	eby accept the appointment as registered agent and aginons of all statutes relative to the proper and complete ligations of my position as registered agent as providing the reflect a change in the registered office address, I writing of this change. CHEYENNE MOSELEY, ASSISTANT SECRETA STATES CORPORATION AGENTS, INC.	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been RY,UNITED	