L11000030574

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T. HAMPTON

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	SUBJECT: IAT USA, LLC		
	Name of	f Limited	l Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office (Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	ng this m	atter to the following:
	Angela Palacio		
<u> </u>	Name of Person		
	Firm/Company		
	• •		
	1018 Bluewood Terrace		
	Address		
	Weston, FI, 33327		
	City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·
	angelapalacio@live.com	1	
E-	mail address: (to be used for future annual report	t notificatio	n)
For fu	rther information concerning this ma	tter, plea	ase call:
	Angela Palacio	at (_	954) 384 8664
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:
	Registration Section Registration Section		
	Division of Corporations		Division of Corporations
	, 0		P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
	Enclosed is a check for the follow	ina amo	unt·
1	,	5 «	
	✓ \$25 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 both, in the State of Florida.

Name of the limited liability company:	IAT USA, LLC
2. (a) Principal office address of limited liability company	: 1018 Bluewood Terrace,
(Note: MUST BE STREET ADDRESS)	Weston, Fl. 33327
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1018 Bluewood Terrace, Weston, Fl. 33327
03/11/2011	L11000030574
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Wesley M. Robinson
Registered Office Address:	80 SW 8th Street, Suite 3100 Miami, Fl. 33130
NEW Registered Agent: NEW Registered Office Address:	Angela Palacio 1018 Bluewood Terrace
(MUST BE FLORIDA STREET ADDRESS)	Weston ,FL33327
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identi liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Juan F. Pelaez	ave of the State of Florida, it is hereby
Printed or typed name of signee	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my post Chapter 608, F,S. Or, if 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, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00