## L11000030574

(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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EXAMINER

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations		
SUBJECT: IAT USA, LLC  Name of I	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for fil	ling.
Please return all correspondence concerning	this matter to the following:	
Angela Palacio		
Name of Person	<del></del>	
Firm/Company		12 SE FAL
2561 Jardin Terrace		CRETA
Weston, Florida, 33327		-5 PHI2: 28 NRY OF STATE SSEE. FLORID;
City/State and Zip Code angelapalacio@live.com	n	28 VTE NIDA
E-mail address: (to be used for future annual report in		
For further information concerning this matt	ter, please call:	
Angela Palacio	_at (954_) 384 8664	<u>.                                    </u>
Name of Person	Area Code & Daytime Telephone Numb	er
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
■ \$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.

1. Name of the limited liability company: <u>IAT USA, LLC</u>	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 2561 Jardin Terrace, Weston, Florida, 33327
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2561 Jardin Terrace, Weston, Florida, 33327
03/11/2011	L11000030574
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Angela Palacio
Registered Office Address:	1018 Bluewood Terrace, Weston, Florida 333277
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address 2
NEW Registered Agent:	Angela Palacio
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2561 Jardin Terrace, Weston, Florida, 33327
	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or
Juan F. Pelaez Printed or typed name of signee	<u></u>
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent	

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