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COVER LETTER

TO: Registration Section Division of Corporations	:	
SUBJECT: INTERACT USA Name of Limited Lin		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
VALERIA DUPIN VIEIRA PINTO Name of Person		
INTERACT USA LLC Firm/Company		
7210 34th STREET EAST Address		
SARASOTA FLOTIDA 34243 City/State and Zip Code		
VALERIA INTERACT - USA. COM E-man-idress: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
VALERIA DURN VIEWA PINTO at (94)	1 720 4764 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following 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.

agent, or both, in the State of Florida.		
1. Name of the limited liability company:	CT USA LLC	
2. (a) Principal office address of limited liability company	: 7210 34th STREET EAST	
(Note: MUST BE STREET ADDRESS)	SARASOTA, FLORIDA 34243	
(b) Mailing address of limited liability company:	7210 344 STREET EAST	
(Note: MAY BE POST OFFICE BOX)	SAMSOTA RESULTA	
JUNE 22, 2011	上1100007048	
3. Date of filing/registration in Florida	I. Document number	
5. (a) Registered Agent and Registered Office shown on the Registered Agent: (MANAGER)	he records of the Florida Date of State:	
Registered Office Address:	7210 34m STRUET ESST	
	SAMSOTA FLORIDO	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : (PRESIDENT) \(\sqrt{\text{NEW Registered Office Address:}\)	Registered Office address: ALENIA DUPIN VIEIRA PINTO 7210 34th STRUCT EAST SATUSOTA FLORIDA	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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		

INHS18 (05/08)