

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: rafaelasosa1@yahoo.com

**LLC REGISTERED AGENT CHANGE
PRAMART USA LLC**

Certificate of Status	0
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AUG 17 2011

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: PRAMART USA LLC
2. (a) Principal office address of limited liability company: 10544 NW 26TH ST STE E-202
DORAL FL 33172
- (Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 10544 NW 26TH ST STE E-202
DORAL FL 33172
- (Note: MAY BE POST OFFICE BOX)
- 08/15/2011 L11000093440
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: OSCAR MAURICIO PRADA
- Registered Office Address: 10544 NW 26TH ST STE E-202
DORAL FL 33172
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: RAFAELA T SOSA
- NEW Registered Office Address: 10544 NW 26TH ST STE E-202
(MUST BE FLORIDA STREET ADDRESS) DORAL, FL 33172

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.

Rafaela T. Sosa
Signature of member or authorized representative of a member

RAFAELA T SOSA
Printed or typed name of signer

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. Or, 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.

Rafaela T. Sosa
Signature of Registered Agent

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