

5/5/2016

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

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

From:

Account Name : BARBOSA LEGAL  
 Account Number : I20110000049  
 Phone : (305)501-4680  
 Fax Number : (305)359-9543

**\*\*Enter 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**  
**GALINDO USA, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GALINDO USA, LLC.  
Name of Limited Liability Company

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:

BRUNA BARBOSA

Name of Person

BARBOSA LEGAL

Firm/Company

407 LINCOLN ROAD, PH-NE

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

bbarbosa@barbosalegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUNA BARBOSA at 305 501-4680  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING 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

INHS18 (2/14)

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**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.

1. Name of the limited liability company: GALINDO USA, LLC.2. (a) 250 SUNNY ISLES BLVD.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)SUNNY ISLES, FL 33160(b) 407 LINCOLN ROAD, PH-NE

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)MIAMI BEACH, FL 3313911/08/2011

3. Date of filing/registration in Florida

L11000127089

4. Document number

5. (a) CESPEDES, CARLOS AESQ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

113 ALMERIA AVENUERegistered Office Address (MUST BE FLORIDA STREET ADDRESS)Coral Gables, FL 33134(b) BARBOSA LEGALEnter name of NEW Registered Agent and/or NEW Registered Office address:407 LINCOLN ROAD, PH-NENEW Registered Office Address:MIAMI BEACH, FL 33139

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.

/S/ Marcelo Galindo

Signature of a member or authorized representative of a member

MARCELO GALINDO

Printed or typed name 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 605, 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.

/S/ Bruna Barbosa

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA