L12000018938

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
•	
•	MA
	RI)



400231594664

04/27/12--01009--026 **25.00

12 APR 27 PH 3: 10

SMOLLY MULKED OF MERCHAND SERVICES OF THE SERV

B. KOHR

MAY - 2 2012

EXAMINER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: US Coin Bullion LCC 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:
Joe Esposito Name of Person
US COIN BULLION, UC Firm/Company
390 N. Olyange Are 3300
Ociano FL 32801 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407 - 902 - 502 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section - Registration Section Division of Corporations - Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 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:US	COIN BULLION, LLC	
2. (a) Principal office address of limited liability company:	390 N. ORANDE AVR	
(Note: MUST BE STREET ADDRESS)	Suite 2300 ORLANDO, FL 3280	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	، د [،] ،	
2/8/2012	T 130000 18438	
3. Date of filing/registration in Florida	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	DAVID Schwarte	
Registered Office Address:	390 N. Osmye Are	
•	Stra 100 1 EC 3980	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Salvatore Esposito	
NEW Registered Office Address:	390 N. Opange Ave	
(MUST BE FLORIDA STREET ADDRESS)	50,16 2300 (ORVANDO ,FL 3280)	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicability 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	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and agently with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to meraddress, I hereby confirm that the limited liability company	ree 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