

L12 000029978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

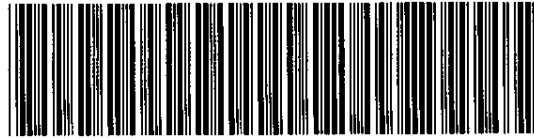
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED RECEIVED  
DEPARTMENT OF STATE  
2012 NOV - 5 AM 9:34 12 NOV - 5 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

NOV - 6 2012

EXAMINER



CT Corporation

515 East Park Avenue  
Tallahassee, FL 32301

850 222 1092 tel  
850 222 7615 fax  
www.ctcorporation.com

November 5, 2012

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 8599499 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Cisa Latam LLC (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

RECEIVED  
TALLAHASSEE, FL  
NOV 06 2012  
10 16 AM '12

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CISA LatAm 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:

Ms. Myriam Brill

\_\_\_\_\_  
Name of Person

CISA LatAm LLC

\_\_\_\_\_  
Firm/Company

701 Brickell Avenue, Suite 1440

\_\_\_\_\_  
Address

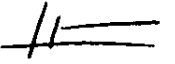
Miami, Florida 33131

\_\_\_\_\_  
City/State and Zip Code

mbril@cisalatam.com

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

For further information concerning this matter, please call:

Ms. Myriam Brill 

\_\_\_\_\_  
Name of Person

at ( 305 ) 510 66 67

\_\_\_\_\_  
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 (5/08)

FILED  
7/12 NOV -5 AM 9: 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: CISA LatAm LLC
2. (a) Principal office address of limited liability company: 701 Brickell Avenue, suite 1440  
Miami, Florida 33131  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: 701 Brickell Avenue, suite 1440  
Miami, Florida 33131  
*(Note: MAY BE POST OFFICE BOX)*  
L12000029978

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: GY CORPORATE SERVICES, INC  
Registered Office Address: 2, South Biscayne Boulevard  
MIAMI, Florida 33131

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** C T Corporation System  
**NEW Registered Office Address:** 1200 South Pine Island Road  
***(MUST BE FLORIDA STREET ADDRESS)*** Plantation, FL 33324

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.

Myriam Brill  
Signature of a member or authorized representative of a member  
Myriam Brill  
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 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.*

By: Connie Bryan  
Signature of Registered Agent

**Connie Bryan**  
**Assistant Secretary**  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
**FILING FEE: \$25.00**

FILED  
NOV 5 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA