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20 Jan 30 PM 3: 15

TO: Registration Section Division of Corporations	
HARMENTES, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
XAVIER ESPAGNE	
Name of Person	
HARMENTES, LLC	
Firm/Company	
IBIS IMPASSE DES HARMENTES	
Address	
VILLENEUVE TOLOSANE, 31270 - FRANCE	
City/State and Zip Code	
xespagne@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
XAVIER ESPAGNE at (+33660421302
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Régistration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	at:
□ \$25 Filling Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

	me of the limited liability company:		
. (a)]	Xavier Espagne		(b) Xavier Espagne
(4) -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	This impasse des Harmentes		Ibis impasse des Harmentes
	31270 Villeneuve Tolosane - FRANCE		31270 Villeneuve Tolosane - FRANCE
	6/25/2012		L12000083106
•	Date of filing/registration in Florida	4.	Document number
(a)	INTERNATIONAL TAX & COMMERCE ADVISORS	S, LLC	
	Registered Agent and Registered Office shown on the records	of the i'ld	orida Dept. of State:
	12025 RIVERHILLS DRIVE		20
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	RESS) 2
			ည်
	TAMPA	3361 FL_	
	•	۲L	or address:
(b)	InCorp Services, Inc.		-
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	ce address:
	17888 67th Court North		
	NEW Registered Office Address:		
			•
		3347	·
	Loxahatchee	FL_3347	70
hange: gent-w /as/we	Examination of the control of the co	FLlaws of he regis liability s of the he limit	f the State of Florida, it is hereby confirmed that after the stered office and the business office of the registered by company, it is hereby confirmed that the change(s) is limited liability company or as otherwise provided in ted liability company.
hange: gent-w ras/we ne artic	Enter the Loxabatchee interest and the conchanges are made, the Florida street address of the control of the case of a Florida limited for authorized by an affirmative vote of the member cles of organization or the operating agreement of the case of the case of the member cles of organization or the operating agreement of the case of the ca	FLlaws of he regis liability s of the he limit	f the State of Florida, it is hereby confirmed that after to stered office and the business office of the registered by company, it is hereby confirmed that the change(s) is limited liability company or as otherwise provided in ted liability company. XAVIER ESPAGNE
hange gent w väs/we ne artic Signat I hereb rovisie he oblica	Examined liability company is not organized under the conchanges are made, the Florida street address of tail be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the member cles of organization or the operating agreement of the ure of authorized representative of a member by accept the appointment as registered agent and composed of all statutes relative to the proper and completing ations of my position as registered agent as providing reflect a change in the registered office address, it in writing of this change.	laws of the regis liability s of the limite limite ligree to le perfoded for I hereb	f the State of Florida, it is hereby confirmed that after the stered office and the business office of the registered by company, it is hereby confirmed that the change(s) is limited liability company or as otherwise provided in ted liability company.

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