

05/03/2016
5/3/2016

11:18 Weldenmiller Law Firm

(FAX)12393254080

P.001/006

Division of Corporations

U200106372
Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

PEZT CO. USA LLC

Certificate of Status	0
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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: PEZT CO. USA LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

08/17/2012

L12000106372

3. Date of filing/registration in Florida4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NACE I COHEN CPA PLLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

C/O NACE COHEN CPA, 3435 10TH ST N, SUITE 301

NAPLES, FL 34103

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Woods, Weidenmiller, Michetti, Rudnick, & Galbraith, PLLC

NEW Registered Office Address:

9045 Strada Stell Court, Fourth Floor

Naples, FL 34109

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.

Signature of a member or authorized representative of a member

Enea Pezzotti

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.

Signature of Registered Agent

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 MAY -3 AM 9:55