## L1300017222

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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MAY 8 2013 B. KOHR

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: FIA USA LLC	f Limited Liabil	lity Company	
Traine of	Diffica Diabi	ary company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change	and fee(s) are submitted	for filing.
Plance raturn all correspondence concernin	a this matter to	the following:	
Please return all correspondence concerning	g this matter to	the following.	
Faisal Awan			
Name of Person		_	<i>t</i>
			五路で
FIA USA LLC			支票支
Firm/Company		_	HAS TO
			· · · · · · · · · · · · · · · · · · ·
11279 SW 238 ST	•		
Address		<del></del>	EE, FLOR
			O.M
MIAMI, FL 33032			
City/State and Zip Code		_	
		<u> </u>	
E-mail address: (to be used for future annual report	t notification)		
For further information concerning this ma	tter, please call	•	
Faisal Awan	<sub>at (</sub> 352	<sub>)</sub> 219-1528	
Name of Person .		Area Code & Daytime Telepho	ne Number
STREET/COURIER ADDRESS:	MZ	AILING ADDRESS:	
Registration Section	Re	Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle	Tal	lahassee, Florida 32314	
Tallahassee, Florida 32301			
Enclosed is a check for the follow	ing amount:		

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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: FIA USALLC		
2. (a) Principal office address of limited liability compa	omr.r. 11270 SW 228 ST	
(Note: MUST BE STREET ADDRESS)	MIAMI, FL 33032	
(Motes Medi Bedinger Media)		
(h) Mailia and decrease Stimulated Habilitan assuments	11279 SW 238 ST	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33032	<u> </u>
(Note: MIT BET OUT OF THE BOTH)		
02/02/2013	L13000017222	
3. Date of filing/registration in Florida	4. Document numb	er
3. Date of mingregistration in Profita	4. Document name	Ci
5. (a) Registered Agent and Registered Office shown of	on the records of the Flo	orida Dept. of State:
Registered Agent:	ADNAN, AHMED	
Registered Office Address:	15888 SW 95TH AVE, #309 Miami FL 33157	<u> </u>
	MIBINI PE 33 137	28 3 7
	<del></del>	P. P.
(h) Enter your of NEW Desistered Annual and (a) N	IEW Dawletowed Office	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	Ew Registered Office	e autress: 0 #
NEW Registered Agent:	Faisal Awan	Ac 3 Mil
	<del></del>	70 F. O
NEW Registered Office Address:	11279 SW 238 ST	95
(MUST BE FLORIDA STREET ADDRESS)	MIAMI, FL 33032	- <del>2</del> FI
		,ı <i>L</i>
If the limited liability company is not organized under the	he laws of the State of F	lorida, it is hereby
confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other	entical Or in the case	of the registered office
liability company, it is hereby confirmed that the change	e(s) was/were authorize	d by an affirmative vote of
the members of the limited liability company or as other	wise provided in the ar	ticles of organization or
the operating agreement of the limited liability company	<i>1.</i>	
Javan on.		
Signature of a member or authorized representative of a member	<del></del>	
Printed or typed name of signee		
,,	d agree to get in this co	manity I further garge to
comply with the provisions of all statutes relative to the	proper and complete p	erformance of my duties,
and I am familiar with and accept the obligations of my Chapter 508 E.S. Or if this document is being filed to	position as registered a	agent as provided for in
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	any has been notified it	n writing of this change.
Javaras an		

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

Signature of Registered Agent