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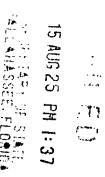
(Requestor's Name)						
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	THE INTERNATIONAL STU	JDENT COM	PANY USA, LLC
20001		ne of Limited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	following:
JERC	DME COSTA DOMINGUES		
	Name of Person		
THE	INTERNATIONAL SUTDENT CO	MPANY USA	, L
	Firm/Company		_
80 SV	V 8TH ST, SUITE 2000		
	Address	~	_
MIAM	II, FL - 33130		
	City/State and Zip Code		
jerom	e.costadomingues@gmail.com		
E	-mail address: (to be used for future and	nual report notifi	ication)
For fur	ther information concerning this matter	, please call:	
JERC	ME COSTA DOMINGUES	786	303 1343
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	■ \$25 Filing Fee	□ \$5	5 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.

i. (a) _	(D)			V 8TH ST, SI	8TH ST, SUITE 2000			
` / _				/ 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MIAMI, FL - 33130		_	MIAM	, FL - 33130			
	05/23/2013		_	L13000	075794		<u></u>	
	Date of filing/registration in	Florida	4.		Document r	number		
. (a) <u>'</u>	JEROME COSTA DOMINGUE	S						
F	Registered Agent and Registered Office show 1236 DREXEL AVENUE, APT		ne Florida	Dept. of S	tate:			
	Registered Office Address (MUST BE FL	ORIDA STREET A	DDRESS	2)		A. CAR	15 AUG	,
	MIAMI BEACH	, FL	33139			14.8 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5	25	of the manufacture of the manufa
(b)							7	Ti
· · —	Enter name of <u>NEW Registered Agent</u> and/o	or <u>NEW Registered (</u>	Office ad	dress:	_ _		1:37	yares. Samuel
-	NEW Registered Office Address:	***		<u></u>				
	80 SW 8TH ST, SUITE 2000							
	MIAMI	, FL	33130					
ne chan gent wi /as/wer	mited liability company is not organizage or changes are made, the Florida sill be identical. Or, in the case of a Figure authorized by an affirmative vote of les of organization or the operating-a	street address of t lorida limited lia of the members of	the regit bility control the limited	stered off ompany, i nited liabi liability c	ice and the bus t is hereby con lity company o	iness offic firmed tha r as otherv	te of the case page of the case of the cas	he registere change(s)
Signatu	are of a member or authorized representative of	of a member	<u> </u>	VOIVIE C	Printed or typ			
hereby	y accept the appointment as registere ns of all statutes relative to the propagations of my position agregistered of y reflect a change in the registered of	ed agent and agre	e to act perform for in (ereby c	t in this co ance of n Chapter 6 onfirm th	anacity. I furth	ier agree t	o com	ply with the h and accep s being filed has been

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

Signature of Registered Agent