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EXAMINER

COVER LETTER

	COVER LETTER		
TO: Registration Section Division of Corporations			
Division of Corporations			
Interbrands USA LLC SUBJECT:			
	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filir	ງຊ.	
Please return all correspondence concerning ti	ns matter to the following:		
	manuel to the following.		
Nicholas Thilen			
Name of Person	··		
Interbrands USA LLC			
Firm/Company			
11555 Heron Bay Blvd., Suite 200			
Address	_ · · · · · · · · · · · · · · · · · · ·	ŽIII FEB Si GRETA	
Coral Springs, FL 33076		EB -	
City/State and Zip Code		1 PK	
nick@interbrandsusa.com		HI.O	
E-mail address: (to be used for future am	nual report notification)	100 ATC	
For further information concerning this matter		•	
Nicholas Thilen	•		
Name of Person	954 376-6580 at () Area Code & Daytime Tel	ephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	gamount:		
☑ S25 Filing Fee		nv.	
□ 525 raing rec	\$55 Filing Fee & Certified Cop	р <u>у</u>	

INHS18 (2/14)

TATEMENT 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.

l. Na	ime of the limited liability company	nds USA LLC	
2. (a)	Interbrands USA LLC	(b)	nterbrands USA LLC
,	Principal office address of limited habitity compar (Note: MUST BE STREET (DDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	11555 Heron Bay Blvd., Suite 200	1	1555 Heron Bay Blvd., Suite 200
	Coral Springs, FL 33076	C	Coral Springs, FL 33076
	December 05, 2013	L1	3000168661
₹.	Date of filing/registration in Florida	4.	Document number
5. (a)	Nicholas Thilen		
. (,	Registered Agent and Registered Office shown on the reco- Nicholas Thilen	ords of the Florida De	pt of State
	Registered Office Address (MUST III: FLORIDA STR 10148 NW 66th Drive		
	Parkland	33076	2019 FEB
(b)	(b) Enter name of <u>NEW Registered Agent and or NEW Registered</u> NEW Registered Office Address		
		, FI	
he chai gent w vas/we	all be identical. Or, in the case of a Florida limit re authorized by an affirmative vote of the memb ales of organization or the operating agreement of	ess of the register ted liability comp bers of the limited of the limited liab	ed office and the business office of the registered rany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
	are of a member or authorized representative of a member	Nichol	as Thilen
l liereb rovisié he obli o mere otifi e d	y accept the appointment as registered agent an ms of all statutes relative to the proper and com.	plete performanc ovided for in Cha	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00