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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

Phone : (302)531-0855 : (850)656-7953 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. The

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Email	Address:			,

LLC REGISTERED AGENT CHANGE INNOVATION TAX AND TRUST US LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

pleasedate 1/30/14 - Fax confirmation is attached.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

y

I. Na	me of the limited liability company: INNOVATION TAX AND	TRUST US LLC			
2 (-)	D		<u> </u>		
2. (a)	Principal office address of limited liability company				
	(Note: MUST BE STREET ADDRESS)	MIAMI, FL 33140	<u> </u>		
		-	<u> </u>		
4.5	24 11 14 24 14 14 14		(13.7° (13.6°		
(b)	Mailing address of limited liability company:	535 WEST 30TH STREET			
	(Note: MAY BE POST OFFICE BOX)	MIAMI, FL 33140	جن أسم		
			<u> </u>		
			E		
12/18/20	13	L13000174556	5-1		
3. Da	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Agent:	FERNANDEZ DE CORDOBA, RICARDO	P		
	Registered Office Address:	535 WEST 30TH STREET			
		MIAMI, FL 22140			
	e ·				
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office addres	<u>s</u> :		
	NEW Registered Agent:	JUAN IGNACIO FRASCHINI			
64	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	535 WEST 30TH STREET			
	MACSI DD I DOMONION ON NO DOMONION	MIAMI	FL 33140		
confir and the liability the me	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the re cal. Or, in the case of a Flor was/were authorized by an a	gistered office ida limited Iffirmative vote of		
Signatu	re of a member or authorized representative of a member				
Sofia Lan:	za - Director of INNOVATION T&T BELIZE CORP (MGRM of Innovation Tex and Trust US LLC)				
	or typed name of signee	-			
I here compl and I i Chapt addre.	by accept the appointment as registered agent and as with the provisions of all statutes relative to the provisions am fundiar with and accept the obligations of my poser to the FS. Or, if this document is being filed to ment is being filed to ment is being filed to ment in the limited liability company	gree to act in this capacity. Per and complete performan ition as registered agent as ely reflect a change in the r has been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.		
Signatu	re of Registred Agent				
	Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314			
\	FILING FEE: \$2	5.00			
DATE I C 1 O	(12/12)				