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(F	Requestor's Name)
(A	Address)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

D. BRUCE DEC 13 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sou Th Pacific Regus Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Christing Heinandez Name of Person	
USPEDA Firm/Company	
9200 Belvalue Lord	#302 PASS 28
Royal Galm Beach, 7 City/State and Zip Code	1 39// AHASSEE, F
heisting Heenand 26 E-mail address: (to be used for future annual repo	PUSKEDA. COM SE R
For further information concerning this matter, please	call:
Christian Herrardy at (_ Name of Person	561 288. 8568 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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 Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: MUST BE STREET ADDRESS) MAY BE POST OFFICE BOX) 3. filing/registration in Florida (a) Registered Agent and Régistered Office shown on the records of the Florida Dept, of State: Enter name of NEW Registered Agent and/or NEW Registered Office address: REGISTERED AGENTS INC. **NEW** Registered Office Address: 3030 N. Rocky Point Drive, STE 150A Tampa 33607 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 articles of organization or the operating agreement of the limited liability company. nature of a member or authorized representative of a member 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 priting of this charge. Bill Havre/Assistant Secretary

Signature of Registered Agent