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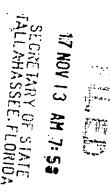
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Special Instructions to	Filing Officer:					
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Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divis	sion of Corporations				
SUBJECT:	Polimix USA LLC (Change Registered Officer and Registered Agent)				
	Name of Limited Liability Company				
Dear Sir or N	⁄ladam:				
The enclosed	Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to the fo	llowing:		
Tarik Bart	oosa De Andrade				
	Name of Person		-		
Polimix US	SA LLC				
	Firm/Company		-		
11790 NW	South River Dr.				
	Address		-		
Medley, Fl	L33178				
	City/State and Zip Code		-		
tarik@poli	mix.us				
E-mail	address: (to be used for future annu	al report notifica	ation)		
For further in	nformation concerning this matter, p	lease call:			
Tarik Barb	osa De Andrade	305	888-4752		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314		
Enc	Enclosed is a check for the following amount:				
☑ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

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. Na	me of the limited liability company: Polimix USA L	LC				
2. (a)	Tarik Barbosa De Andrade	(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 11790 NW South River Dr.		-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Medley, FL 33178					
	FEB 09, 2017	L14000)146595			
3.	Date of filing/registration in Florida	4.	Document numi	ber		
5. (a)	TARIK BARBOSA DE ANDRADE AND LUIS	G. MUNOZ				
	Registered Agent and Registered Office shown on the records of t 11790 NW SOUTH RIVER DR. Registered Office Address (MUST BE FLORIDA STREET A	·	tate:	17. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12		
	MEDLEY , FL	33178		NOV 13		
(b)	FILIPE G. FASSARELLA					
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		7: SI		
	SAME			IARY OF STATE ASSEE, FLORIDA		
	NEW Registered Office Address:					
	SAME					
the cha agent v	"FL imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	vs of the State of the registered of ability company,	fice and the busines it is hereby confirm	ss office of the registered ned that the change(s)		
the arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	limited liability o	company. Lik Rakboo	sa de Audrad,		
I here provisi the obl to mer notification	ture of a member or authorized expesentative of a member by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have writing of this change.	performance of n	nv duties, and I am	ame of signee agree to comply with the familiar with and accept		