L14000173227

(Requestor's Name)							
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(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE
STATE ANASSEE, FL

COVER LETTER

	istration Section sion of Corporations							
SUBJECT:	Promodo USA LLC							
JOBOLE I.	Name of Limited Liability Company							
Dear Sir or I	Madam:							
The enclosed	d Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.					
Please return	n all correspondence concerning th	nis matter to the fo	ollowing:					
George D. De	ennison [[
	Name of Person		_					
CORPORAT	E AGENT ALLIANCE LLC							
	Firm/Company		_					
7575 Dr. Phil	lips Blvd., Ste. 170							
	Address	-	_					
Orlando, FL.	32819							
	City/State and Zip Code		_					
george@deni	isonmatthews.com							
E-mail	address: (to be used for future and	nual report notific	ation)					
For further in	nformation concerning this matter	, please call:						
George D. De	ennison II	407 at (720-7441					
	Name of Person	(Area Code & Daytime Telephone Number					
Reg Div P.O	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

Enclosed is a check for the following amount:

■ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Conv

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	ame of the limited liability company: Promodo USA 1	LC				
2. (a)			/EX			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing	address of limited liability cor	npany;
	101 Divine Drive, Suite 5A			101 Divine Drive	; Suite 5A	
	Davenport, FL 33897 US			Davenport, FL 3	33897 US	
	Nov 06, 2014		I	.14000173227		
3.	Date of filing/registration in Florida	— 4.	-	Docu	ment number	
5. (a)						
J. (u)	Registered Agent and Registered Office shown on the records of	Tthe Flor	ida l	Dept. of State:		
	LAW OFFICE OF SAUNDERS & SAUNDERS, PA					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>.SS)</u>			
	7232 WEST SAND LAKE ROAD, SUITE 202					
	Orlando, F	32819)			
	,					
(b)						
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	add	ress		
	CORPORATE AGENT ALLIANCE LLC					
	NEW Registered Office Address:					
	7575 Dr. Phillips Blvd., Stc. 170					
	Orlando	32819)			
	Orlando Fi	د				
change agent v was/we the arti	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the l	ered con imit	office and the b pany, it is hereb ed liability comp	ousiness office of the regi- by confirmed that the char	stered nge(s)
Carl Johnson (TOMMSON	_	Carl	Johnson		
	ture of a member or authorized representative of a member				d or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor d for ir hereby	ict it mar i Ch con	n this capacity, ace of my duties, capter 605, F.S. firm that the lim	I further agree to comply and I am familiar with a Or, if this document is be ited liability company ha	with the nd accept ring filed s been
	Descritors of IX NN II of IDD					
Signatu	re of Registered Agent					