L14000179473

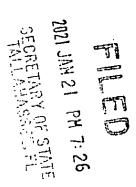
(Requestor's Name)					
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313/21

COVER LETTER

TO:	Registration Section Division of Corporations		
	GOLDEN CREEK USA, LLC	·	
SUBJ	ECT:		
		Name of Limited	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	d Office Change an	d fee(s) are submitted for filing.
Pleasc	return all correspondence concernie	ng this matter to the	e following:
JAVII	ER BURGA		
	Name of Person		
GOLI	DEN CREEK USA, LLC		
	Firm/Company		<u> </u>
91220	OVERSEAS HIGHWAY (1503		
	Address	-	
TAVE	ERNIER, FL 33070		
	City/State and Zip Co	ode	
jaburg	ga@gmail.com		
F	E-mail address: (to be used for future	e annual report not	ification)
For fu	rther information concerning this ma	atter, please call:	
JAVII	ER BURGA	305	395 0035
		at ()
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	•		Tallahassee, FL 32303
	Enclosed is a check for the follow	wing amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

l. Na	GOLDEN CREE me of the limited liability company:			
(a)	2101 BRICKELL AVENUE UNIT 708	í		220 OVERSEAS HIGHWAY #1503
·· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FL 33129	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) VERNIER, FL 33070
	11/19/2014		L140	000179473
. (a)	Date of filing/registration in Florida BPA ACCOUNTING SERVICES INC	4.		Document number
(4)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 2030 S. DOUGLAS ROAD 119	<u>ADDRES</u>	<u>s)</u>	
	CORAL GABLES, FL	33134		
(b)	JAVIER BURGA		_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ldress</u> :	FILED PHT: 26 SECRETARY SEE THE STATE OF THE
	NEW Registered Office Address: 3500 CORAL WAY APT 1207			
	CORAL GABLES, FL	33145		
hange gent w /as/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited have authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin limited	ed offi ompan sited li liabilit	Tice and the business office of the registered by, it is hereby confirmed that the change(s) tiability company or as otherwise provided in
Signat	ure of a member or authorized representative of a member	_		Printed or typed name of signee
rovisio ne obli nere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. It is writing of this change.	perform 1 for in (ance o Chapte	of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed
Sionatus	re of Registered Agent			