LISCOOPI	409
(Requestor's Name) (Address) (Address)	800304247438
(City/State/Zip/Phone #)	10/10/1701013013 ★+25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	17 OCT 10
	10 期 61
Office Use Only	
	OCT 1 : 207 Y CULKER

· · · ·	COVER I	LETTER		
TO: Registration Section Division of Corporations				
STOLBERG USA, LLC				
	ne of Limited L	liability Company		
Dear Sir or Madam;				
The enclosed Registered Agent/Registered Off	ice Change and	l fee(s) are submitted fo	pr tiling.	
Please return all correspondence concerning th	is matter to the	following:		
Grigory Slepak				
Name of Person				
STOLBERG USA, LLC				
Firm/Company				
4000 Hollywood blvd., suite 555-S				
Address				
Hollywood, FL 33021				
City/State and Zip Code				
slepak@stolbergco.com				
E-mail address: (to be used for future ann	ual report noti	fication)		
For further information concerning this matter,	please call:			
Grigory Slepak	954 at (470-8455		
Name of Person	u. (Area Code & Daytin	ne Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations			
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		4	
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee		55 Filing Fee & Certifi	ed 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.

,

I. Na	une of the limited liability company: STOLBERG	G USA, LLC	
2. (a)	4000 Hollywood blvd., suite 555-S	(b) 4000 Hollyv	vpod blvd., suite 555-S
(,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailir	ng address of limited liability company: P: MAY BE POST OFFICE BOX
	Hollywood, FL 33021	Hollywood, I	L 33021
	05/22/2015	L1500009140	
3.	Date of filing/registration in Florida	4. Doc	ument number
5. (a)	Registered Agent and Registered Office shown on the records of 348 Esplanade #56A Registered Office Address (MUST BE FLORIDA STREE)		17 GCT 1-0
(b)	Boca Raton, F	-1_ ³³⁴³²	10 M 0 49
	4000 Hollywood blvd., suite 555-S		
	Hollywood	L_33021	
the cha agent w was/we	imited liability company is not organized under the l nge or changes are made, the Florida street address of vill be identical. Or, in the ease of a Florida limited are authorized by an affirmative rote of the members cles of organization or the operating agreement of the	of the registered office and liability company, it is her of the limited liability cor	the business office of the registered by confirmed that the change(s) pany or as otherwise provided in
	Chi	Grigory Slepak	
I herel provisi the obli to mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia ity reflect a change in the registered office address. If in writing of this change.	area to act in this convain	ed or typed name of signee I further agree to comply with the s, and I am familiar with and accept Or, if this document is being filed mited liability company has been
Signatur	e of Registered Agent Division of Corporations• P.O.	. Box 6327• Tallahassee,	FL 32314

FILING FEE: \$25.00

٠