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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ril	Address:			
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## LLC REGISTERED AGENT CHANGE US INDUSTRIAL AUCTIONS LLC

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**COVER LETTER** 

TO: Registration Section Division of Corporations

## US INDUSTRIAL AUCTIONS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	<del></del>
Corporate Center One, 5301 Southwest F	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual For further information concerning this matter, ple	•
Joshua Murphy	888 705-7274
Name of Person	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
Enclosed is a check for the following an	nount:
S25 Filing Fee	S55 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.

Name of the limited l	iability company: US IND	USTRIAL AUC	TIONS LLC	>	
<sub>2. (a)</sub> 20 WATS	, , ,	(b) 20 W	ATSON L	ANE	
Principal offic ( <u>Note: .</u>	e address of limited liability company:  MUST BE STREET ADDRESS  ET, NY 11733	(0)	Mailing address of lim	mited liability company POST OFFICE BOX)	·:
8/11/2015		L1500	0135586		
3. Date of fi	ling/registration in Florida	4.	Document number	er	
5. (a) BLUMBERGE	XCELSIOR CORPORATE	SERVICES, INC.			
	Registered Office shown on the record PLAZA DRIVE, 1ST F dress (MUST BE FLORIDA STRE	LOOR			
TALLAHA	SSEE	, FL 32301	_	= <b>2</b>	
(b) Registered	Agent Solutions, Inc	<b>)</b> .	_	2022 AUG SECRETA	I
Enter name of <u>NEW 1</u>	Registered Agent and/or NEW Regist	ered Office address:		ASSA -	7 7 2
155 Office	Plaza Dr.		_		
NEW Registered Off	ice Address:			7.05.7 7.05.05.05.05.05.05.05.05.05.05.05.05.05.	_
Suite A			<del>_</del> .	<b>33</b>	
Tallahasse	e	, FL 32301	<del></del>		
the change or changes are agent will be identical. O was/were authorized by a	npany is not organized under the made, the Florida street addres or, in the case of a Florida limite in affirmative vote of the member or the operating agreement of	is of the registered officed liability company, it ers of the limited liabili	ce and the business is hereby confirme ty company or as o	s office of the regis ed that the change(	stered s)
/s/ Lori Raynoha		Lori Raynoh		Authorized Pers	son
_	thorized representative of a member		Printed or typed nar	_	
I hereby accept the appo provisions of all statutes the obligations of my pos- to merely reflect a change notified in writing of this	intment as registered agent and relative to the proper and comp ition as registered agent as prov z in the registered office addres. change.	agree to act in this cap lete performance of my vided for in Chapter 60 s, I hereby confirm that	pacity. I further as eduties, and I am for S. F.S. Or, if this of t the limited liabili	gree to comply wit familiar with and a document is being ity company has be	n the iccept filed ien

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Mackenzie Hart, Asst. Secretary

Octeons 11 (

Signature of Registered Agent