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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	Moragen USA, LLC		
		ne of Limite	d Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to	the following:
Muny	/art Turner		
	Name of Person	•	****
Mora	gen USA, LLC		
	Firm/Company		
124 (Captiva Drive		
	Address		
Ponte	e Vedra, FL 32081		
	City/State and Zip Code		
muny	/art@gmail.com		
I	E-mail address: (to be used for future ann	ual report n	otification)
For fu	rther information concerning this matter,	please call:	
Micha	ael Heater	281	728-4805
	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	amount:	
	■ \$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.

1.	Name of the limited liability company: Moragen US	A, LLC					
2. (a	.)	(b)				
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	(<u> </u>	Mailing address of limit	ed liability c	ompany:	
	124 Captiva Drive		124 Ca	aptiva Drive			
	Ponte Vedra, FL 32081		Ponte '	Vedra, FL 32081			_
	July 18, 2016		L16000	134500			
3.	Date of filing/registration in Florida	4.		Document number		-	_
5. (a	United States Corporation Agents, Inc.						
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)	ate:					
	13302 Winding Oak Court A	ADDRES	<u>27</u>				
	T	22040) Ř	
	rampa , FI	33612		<u> </u>	19		
(b	Jeff Turner				25 20	受 格	
(-	Enter name of NEW Registered Agent and/or NEW Registered	Office as	ldress:	_	22 AM	FILED ARY OF S JF CORPOR	
	NEW Registered Office Address.				— ⇔	A	
	124 Captiva Drive				18	STATE	
	Ponte Vedra	32081					
tne cr agent was/v	timited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited have were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi ability co of the lin limited	stered offic ompany, it nited liabili	ce and the business of is hereby confirmed t ity company or as oth mpany.	ffice of the	e registered	ŀ
Sign	ature of a member or authorized representative of a member	*****		Printed or typed name of	of signee		-
the ob to mei notifie	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete oligations of my position as registered agent us provided rely reflect a change in the registered office address, I have a writing of this change. The first Registered Agent	ee to ac perform d for in (hereby c	t in this cay ance of my Chapter 60 onfirm tha	pacity. I further agre o duties, and I am fam 15, F.S. Or, if this doc t the limited liability o	e to comp iliar with cument is company h	ly with the and accep, being filed ias been	ſ

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