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(Requestor's Name)									
(Address)									
(Address)									
(National)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
, ,									
(Document Number)									
(Southern Hamber)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

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CONTROLLER TROUBLETER

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations								
SUBJECT:	Product Insights USA LC								
	Name of Limited Liability Company								
Dear Sir or N	Aadam:								
The enclosed	l Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.						
Please return	all correspondence concerning th	is matter to the fo	llowing:						
Gary Spag	gnuolo								
	Name of Person		-						
Product In	sights USA LLC								
	Firm/Company		•						
5447 EI Ce	erro Drive								
	Address		•						
New Port F	Richey, FL 34655								
	City/State and Zip Code								
gspag.proc	ductinsights@gmail.com								
E-mail a	address: (to be used for future ann	ual report notifica	ition)						
For further in	formation concerning this matter,	please call:							
Gary Spag	nuolo	517 at (295-7940						
	Name of Person		Area Code & Daytime Telephone Number						
Regis Divis Cliftc 2661	stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314						
Enclo	osed is a check for the following	amount:							
□ \$2	5 Filing Fee	2 \$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

L. Na	ume of the limited liability company: Product Insigh	hts U	SA LL	LC				
2. (a)	5447 El Cerro Dr. New Port Richey 34655		(b) sa	ame				_
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	۸	Mailing address o (Note: MAY B		•	
		_			_	-		-
	09/27/2016		L16	500017	78915			
3.	Date of filing/registration in Florida	4.			Document nu	mber		
5. (a)	United States Corporation Agnets INC.							
, (.,)	Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept	t. of State	!:			
						- 1		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SS)		•		19	
	13302 Winding Oak Court						SEP	Υį
	Tampa	3361	2				26	
							773	ir.
(b)						.11.	တ္	ÇŢ.
	Enter name of NEW Registered Agent and/or NEW Registered (Office a	iddress:	:			 ယ	
	Cary Spagnuolo					D-	w	
	Gary Spagnuolo							
	NEW Registered Office Address: 5447 El Cerro Dr							
	S447 El Cello DI							
	New Port Richey . FL	3465	5					
he chai gent w vas/we he artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lary.	the reg bility I the li imited	gisterec compai mited l Hiabili	d office ny, it is Iiability	and the busing hereby confir company or a pany.	ess office med that	ce of t it the o	he registered change(s)
Signati	ure of a member or authorized representative of a member		<u>.</u>		Printed or typed	name of:	signee	
rovisič he obli o mere otified	w accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to a perfori for in ereby	ct in thi nance Chapi confiri	iis capa of my d ter 605, m that ti	city. I further luties, and I an F.S. Or, if th he limited liah	agree I n famili is docu ility coi	to con ar wit ment i mpany	iply with the h and accep s heing filed has been

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

Signature of Registered Agent