Division of Corporations **Electronic Filing Cover Sheet**

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To:

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.

Email Address:_

LLC REGISTERED AGENT CHANGE USA ASSET MANAGEMENT, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

H21000453722 3

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: USA Asset Manag	gement, LLC of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this i	matter to the following:				
Mary Castillo					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd, Suite 300					
Address					
Austin, TX 78744					
City/State and Zip Code					
E-mail address: (to be used for future annual For further information concerning this matter, plants and the second secon					
Mary Castillo	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 amount:					
S25 Filling Fee	S55 Filing Fee & Certified Copy				

INHS18 (2/14)

H21000453722 3

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

3030 N ROCKY POINT DR. #150	_ (b		OIT RD. #260		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited his (<u>Note: MAY BE POST O</u>	-	
TAMPA, FL 33607		PLANC), TX 75026	····································	····
3/7/2017	_	L170000	053267		
Date of filing/registration in Florida	4.	Γ	Ocument number		
FLORIDA REGISTERED AGENT					
Registered Agent and Registered Office shown on the records of the 2975 BEE RIDGE ROAD	ne Florida	Dept. of State:		2021 DEC	Jakin Jakin
Registered Office Address (MUST BE FLORIDA STREET A. SUITE C3	<u>DDRESS</u>	<u></u>)EC 13	METARY DN 07 CO
SARASOTAFL	3423	9		AM 10:	돌다.
Registered Agent Solutions, Inc.				10: 17	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter name of NEW Registered Agent and/or NEW Registered 5	Office ad	dress:			
155 Office Plaza Dr.					
NEW Registered Office Address:					
Suite A					
Tallahassee	3230	1			

/s/	Marc Mendez	Marc Mendez	Manager
	Signature of a member or authorized representative of a member	Printed or	typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst, Secretary

Signature of Registered Agent