K17000221624

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
J. HORNE								
DEC 2 8 2021								

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12/13/21--01023--029 **25.00

SECRETARY OF STATE

COVER LETTER

	Registration Section Division of Corporations							
SUBJE	America II Belgium, LLC							
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encl	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please re	eturn all correspondence concernir	ng this matter to the	following:					
Amy Ba	rb							
	Name of Person							
America	II Group, LLC							
	Firm/Company							
2500 118	8th Ave N							
-	Address							
St. Peter	sburg, FL 33716							
	City/State and Zip Co	de						
corp-tax(@a2globalelectronics.com							
E-1	mail address: (to be used for future	annual report notifi	ication)					
For furth	ner information concerning this ma	itter, please call:						
Amy Bai	rb	727	571-2032					
	Name of Person	\	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ving amount:						
	■ \$25 Filing Fee	□ \$3	55 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.

2. (a)			(b)_						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2500 118th Ave N			(b) Mailing address of limited liability com (Note: MAY BE POST OFFICE BO					
				2500 118th Ave N					
	St. Petersburg, F1, 33716		<u> </u>	st. Petersbu	urg, FL 33716				
	10/25/2017		LI	70002216	24				
3.	Date of filing/registration in Florida	4.			Document number				
5. (a	Michael Pointer								
(-	Registered Agent and Registered Office shown on the records	s of the Flori	ida De	ept. of State	:				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE.	 SS)						
	2510 118th Ave N								
	St. Petersburg	FL_33716				IVI 3S	202		
(b)	Amy Rarh					SECRETAR) ALLAHASSI	2021 DEC	T	
(*)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			•		$\bar{\omega}$	-		
						E FI II	PM 4: 23		
	NEW Registered Office Address:				- <u>- 1</u>	÷,			
	2500 118th Ave N						ယ်		
	St. Petersburg	FL 33716							
chang agent was/w	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of t	the registe Hiability or rs of the li	red e comp mite	office and pany, it is d liability	I the business offic hereby confirmed company or as ot	e of the r that the o	egiste: :hange	red :(s)	
4	AnyBer		my B						
Sign	ature of a member or authorized representative of a member	_			Printed or typed name	e of signee			
provis the ob to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complo oligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to a ete perfori ided for in . I hereby (ct in nanc Cha conf	this capa se of my d spter 605, irm that ti	city. I further agr luties, and I am far F.S. Or, if this do he limited liability	ee to com niliar wit ocument i company	ply wi h and s beiny has b	th the accept g filed een	
Signat	ure of Registered Agent								

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