Division of Corporations Electronic Filing Cover Sheet

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Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submit Florid	s the following statement in order t	0114 or 605.0116, o change its regi HAM USA, LL	istered	la Statutes, th office or re	ne undersigned limited liability company gistered agent, or both, in the Stale of		
1. Na:	me of the Limited Liability Company:	, , , , , , , , , , , , , , , , , , , ,	-•				
2. (a)	Calle 36, Ave 5 Bis, 350 Mts Norte Toyota			(b) PO Box 7423			
``	Principal office address of limited lia (Note: MUST BE STREET A	bility company:	_ `	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Paseo Colon, Edificio ICA		_	· 			
	San Jose 1000 CR		San Jose 1000 CR				
	2/7/2020			L20000	038827		
3.	Date of filing/registration in	Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office show	vn on the records of th	ne Floric	la Dept. of State	·		
	TALLAHASSEE		3230)1			
(b)	Enter name of <u>NEW Registered Arent</u> and/o		Office at	idress:			
	515 East Park Avenue 2nd Fl						
	NEW Registered Office Address:						
	Tallahassee	, FL_	3230)1			
the cha agent v was/we	will be identical. Or, in the case of a F	street address of t Florida limited liab of the members of	the reg bility c the lir	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	wid Badedassarian		Da	vid Baghda	ssarian		
I here	ture of a member or authorized representative by accept the appointment as register- ions of all statutes relative to the prop- ligations of my position as registered a	ed agent and agre	e to ac perforn for in	et in this capa nance of my a Chapter 605	Printed or typed name of signee acity. I further agree to comply with the hities, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		
notifie	a in writing of this change.						
	re of Registered Agent			•	nt Secretary on		
- rainerr	and at the Branch of Affects	behalf o	or Cap	oitoi Corpo	rate Services, Inc.		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00