## M04000004093

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USA Polos 6, LLC				
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() Profit	() Amendment	() Merger		
() Nonprofit	() Amendment	( ) Weiger		
() Foreign	() Dissolution/Withdrawal	() Mark		
()	() Reinstatement			
( ) Limited Partnership	() Annual Report	() Other		
(X) LLC	() Name Registration	(X) Change of RA		
	() Fictitious Name	() UCC		
() Certified Copy	() Photocopies	() CUS		
() Call When Ready	() Call If Problem	() After 4:30		
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Updater				
Verifier	AAM	Α Φ		
W.P. Verifier		Amount: \$		

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: USA Polos 6 LLC

1. The name of the limite	d liability company i	is: USA Polos	6, LLC		
2. The mailing address of	the limited liability	company is:			
c/o U.S. Advisor, LLC, Five Fi	-	• •			
,	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
9/30/2004			M04000004093		
3. Date of filing/registrati	on in Florida		4. Document numb	er si	
5. The name of the registe Florida Department of S	red agent and the reg State:	gistered office	address as shown on	the records of the	
	Corpo	ration Service C	ompany	一	
		Name			
		1201 Hays Stree	<u>t</u>	650	
		Address		PACE OF	
Tallahassee, FL 32301					
	Cit	ty, State and Z	ip		
6. The name and address of	of the new registered	l agent and/or	office:		
	СТ	Corporation Syst	em		
	1200 So	Name outh Pine Island I	Road		
	Florida street addr	ess (P.O. Box	NOT acceptable)		
	Plantation	FL	33324		
	City	, State and Zij	o o		
If the limited liability come confirmed that after the cland the business office of liability company, it is her of the members of the limit or the operating agreement.  By:  (Signature of a member or author)  (Printed or typed name of signee)  I hereby accept the appointments of the limit of the member of author)	the registered agent reby confirmed that the ited liability compart of the limited liability dispersion of the limited liability compared to the liability c	made, the Flowill be idention the change(s) ny or as other lity company.	orida street address of cal. Or, in the case of was/were authorized wise provided in the a	the registered office fa Florida limited by an affirmative vote articles of organization	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	mment as registered of all statutes relaid accept the obligation is being that the limited liab	i ageni ana ag tive to the pro ions of my pos ig filed to mer ility company	ree to gct in this capt per and complete per ition as registered as ely reflect a change u has been notified in v	ucity. I juriner agree to formance of my duties, fent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)	<b>-</b>		A A A A A A A A A A A A A A A A A A A		

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

INHS18 (8/05)