M04000004098

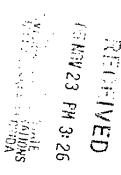
(Re	questor's Name)	·
(Add	dress)	
(Add	dress)	<u> </u>
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Pertified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	/
;	Office Use Only	



800061399458

11/28/05--01002--002 **550.00

The state of the s



FIL. FO 05 NOV 23 AM 9: 08 SECKELARY OF STATI

USA Polos 10, LLC			
·		The state of the s	
		05 NOV 23	
	76.8 ()	The second	
		7 S. S.	
		SEE, FLORIE	
		25.5	
	,	- ATT O	
	****	P	
() Profit	() Amendment	() Merger	
() Nonprofit	() I interest of the second	() Ividigor	
() 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	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
Name	11/22/2005	Order#: TBD by Lisa Duboi	
Availability	11) 22 2005	Ordern. This by hisa bubbi	
Document			
Examiner		Ref#:	
Updater			
Verifier	AAM		
W.P. Verifier	2 00 2012	Amount: \$	

850-222-1092

CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301

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.

ugeni, or both, in the blue	e of Pioriua.					
1. The name of the limite	d liability company i	s: USA Polos	10, LLC	-		
2. The mailing address of the limited liability company is:						
c/o U.S. Advisor, LLC, Five F	inancial Plaza, Suite 105,	Napa, CA 945:	58			
9/30/2004			M04000004098			
3. Date of filing/registrat	ion in Florida		4. Document num	iber		
5. The name of the register Florida Department of		gistered offic	e address as shown o	on the records of the SECKLAHASSEE, FLORID		
	Согро	ration Service (Company	题 看 一		
		Name		200		
		1201 Hays Stree	et	Sign W		
	*	Address		第二 王 七		
		llahassee, FL 3: y, State and 2		مِ جَرَبَ		
6. The name and address of the new registered agent and/or office:						
	CT	Corporation Sys	tem	ŕ		
		Name				
1200 South Pine Island Road						
	Florida street addr	ess (P.O. Boz	NOT acceptable)			
	Plantation	FL	33324			
	City	, State and Z	p			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the liability company agreements.	change or changes are f the registered agent creby confirmed that mited liability compa	made, the Fi will be ident the change(s) ny or as othe	orida street address ical. Or, in the case was/were authorize rwise provided in the	of the registered office of a Florida limited d by an affirmative vote		
By: (Signature of a member or author)	rized representative of a me	mber)	-			
Michael E (Printed or typed name of signed	Jones		_			
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F ₁ S. Or, if address, I hereby confirm	nintment as registered ns of all statutes rela nd accept the obligat this document is beir i that the limited liab	l agent and a tive to the pro ions of my po ig filed to me ility company	gree to act in this ca oper and complete po sition as registered a rely reflect a change has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in on the registered office n writing of this change.		
(Signature of Registered Agent)	wn T					

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

INHS18 (8/05)