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C. LEWIS

JUL 3 0 2012

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT:	Suspension T	echnologies U	JSA LLC	
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Ag	ent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this i	natter to the follo	wing:	
	Hammon of Person			
	hnologies USA LLC	<u>. </u>		
11019 Ha	nnaway Drive			
	w, FL 33578 and Zip Code			
rhammon@susper E-mail address: (to be used for	nsiontechnologies.co	om		
For further information concerning this matter, please call:				
Roger Hamn	non at (813)	919-9608 & Daytime Telephone Number	
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	DDRESS: Section orporations 7	
Enclosed is a check	for the following an	nount:		
\$25 Filing Fee		\$55 Filing	Fee & Certified Copy	

TO: Registration Section

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. Name of the limited liability company:Suspe	ension Technologies USA LLC
2. (a) Principal office address of limited liability company	: 11019 Hannaway Drive
(Note: MUST BE STREET ADDRESS)	Riverview, FL 335378
(b) Mailing address of limited liability company:	11019 Hannaway Drive
(Note: MAY BE POST OFFICE BOX)	Riverview, FL 33578
03/07/2008	M08000001128
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Roger Hammon
Registered Office Address:	4838 Pond Ridge Dr Riverview, FL 33578
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	27 F
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Roger Hammon Printed or typed name of signee	aws of the State of Florida, it is hereby
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change

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