

1/26/2015 12:59:00 From: 8506176383

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000001
Phone : (850) 212-1242
Fax Number : (850) 878-5366

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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15 JAN 26 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC REGISTERED AGENT CHANGE
AURIGA USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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1/26/2015 12:59:09 From: To: 8506176383

(2/3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auriga USA, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Stewart

Name of Person

CT Corporation

Firm/Company

111 Eighth Avenue

Address

New York, NY 10011

City/State and Zip Code

sandra.stewart@wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Stewart

212

590-9327

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

DNHS18 (2/14)

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15 JAN 26 AM 9:39
SECRETARY
TALLAHASSEE, FL

1/26/2015 12:59:09 From: To: 8506176383

(3/3)

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.

1. Name of the limited liability company: Auriga USA, LLC
2. (a) 546 Fifth Avenue, 9th Floor, New York, NY 10036
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 546 Fifth Avenue, 9th Floor, New York, NY 10036
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 11/12/2009
Date of filing/registration in Florida
4. M09000004442
Document number
- 5.(a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays S
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301
- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Sandra Stewart

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

Sohan R. Dindyal
Vice President

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

THS18 (2/14)

FLS13 - 03/07/2014 9:45am E-Form Online

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15 JAN 26 AM 9:39
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