

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only otate) Zipi Hono iiy					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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SECTETARY OF STATE

ALL MIASSEE. FLORING



D. BRUCE
DEC 3 0-2011
EXAMINER

COVER LETTER

TO: Registration Section

Division of Cor	porations						
SUBJECT:	i	interblo	ck US	A, LLC			
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registere	d Agent/Registered	Office C	Change a	nd fee(s) are submitted for fil	ing.		
Please return all corresp	pondence concernin	ng this ma	atter to t	he following:			
Chris	stie Lee Surridge						
	Name of Person			•			
				•			
lr.	nterblock USA				دن. آه :		
	irm/Company			-	F6		
-						Ħ	Ĩ
					A. F.	DEC 28	
711 P	ilot Road, Suite A	\		<u>-</u>	SAT CAT	C	I
	Address				Φ _Φ		П
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l ac \	ALLOS VIV sensi				25	14:21 km	-
	Las Vegas, NV 89119 City/State and Zip Code						
Olly,	otate and Dip Code				>		
	~ :						
Christie.lee	e@interblock-usa sed for future annual repor	.com	<u> </u>	_			
E-man address. (to be de	eu for future authuar repor	i i ilotiiivatio	<i>n</i> 1)				
For further information	concerning this ma	atter, plea	ase call:				
	J						
•							
Christie Le		at (_	702_) 260-1384 x 203		•	
Name of P	erson		А	rea Code & Daytime Telephone Numb	er		
STDEET/COU	RIER ADDRESS:		MAI	LING ADDRESS:			
Registration Sect		Registration Section					
Division of Corp		Division of Corporations					
Clifton Building	Olamonia	P.O. Box 6327					
2661 Executive (Center Circle	Tallahassee, Florida 32314					
Tallahassee, Flor				•			
Enclosed is a c	heck for the follow	ving amo	unt:	,			
\$25 Filing F	ee		\$55	Filing Fee & Certified Copy			
INHS18 (5/08)							

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. N	lame of the limited liability company:	Interblock USA, LLC
2. (8	a) Principal office address of limited liability company	y: 711 Pilot Road
	(Note: MUST BE STREET ADDRESS)	Suite A Las Vegas, NV 89119
(ł	o) Mailing address of limited liability company:	711 Pilot Road
	(Note: MAY BE POST OFFICE BOX)	Suite A Las Vegas, NV 89119
_,	07/09/2010	030449695
3. D	ate 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:	Rutledge, Ecenia & Purnell, P.A.
	Registered Office Address:	119 South Monroe Street Suite 202 Tallahassee, FL 32301-1841
(Ł	o) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	## N ****
	<u>NEW</u> Registered Agent:	John M. Lockwood, Esq. 😩 📮
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 West College Avenue 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
confi and t liabil of the	e limited liability company is not organized under the irmed that after the change or changes are made, the Fishe business office of the registered agent will be ident lity company, it is hereby confirmed that the change(s) e members of the limited liability company or as other e operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signat	ure of a member or authorized representative of a member	-
Ton	naz Zvipelj	
	d or typed name of signee	age .
I her comp and I Chap addr	reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the pro- l am familiar with and accept the obligations of my po- poter 608, F.S. Or, if this accument is being filed to me eas, it hereby confirm that the limited hability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Storial	ture of Registered Agent	
	Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

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