H1200000934

(Re	equestor's Name)					
(Address)						
(Ac	ldress)					
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Name	e)				
(Document Number)						
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MAR 11 2015 T. CARTER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.boese@cscglobal.com

Date: February 27, 2015

Order#: 496709-010

Re: INDCRESA (USA) LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Katie Boese

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	ame of the limited liability company	y: INDCRESA USA	A, LLC		
2.	(a)	909 10th Street South Suite 104		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Naples, FL	34102			
		2/17/2012		M12	2000000934	
3.		Date of filing/registration	in Florida	4.	Document number	
5.	(a)	Damen, Hendrik				
		Registered Agent and Registered Office sl	hown on the records of t	he Florida Dept.	of State:	
		4388 Silver Fox Drive				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
			, FL_	34119		SECRE TALLAH
	(b)	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address				Z SAT
		Enter name of the W Registered Agent at	It or INEW Registered	Office address:		SEE SEE
		1201 Hays Street				F S.T
		NEW Registered Office Address:				TATE DRIDA
		Tallahassee	FT	32301		
	ager	ne limited liability company is not or change or changes are made, the Flo nt will be identical. Or, in the case of were authorized by an affirmative varieles of organization or the operat	ganized under the la orida street address of of a Florida limited livote of the members	ws of the State f the registered lability compar of the limited I	doffice and the business off my, it is hereby confirmed the liability company or as other	ice of the registered at the change(s)
		(VD		Hendrik (Damen, Manager	
pre the to	nerel ovisi obli mere	gnature of a member or authorized represent by accept the appointment as registe ons of all statutes relative to the pro- igations of my position as registered by reflect a change in the registered in writing of this change.	ered agent and agre	ee to act in this performance of for in Chapte ereby confirm	Printed or typed name of s capacity. I further agree f my duties, and I am famil r 605, F.S. Or, if this docu that the limited liability co	to comply with the

Signature of Registered Agent Corporation Service Company BY:Sylvia Queppet, Asst. Vice President