

M14000003155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

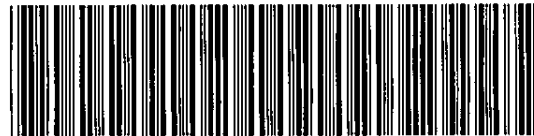
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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M14-3155

FILED
14 OCT 15 PM 12:00
RECEIVED
FALL ARIZONA COUNTY

10/15/14--01003--001 **25.00

NOV 12 2014
N. CAUSSEAU

*Copy
for file*

M14-3158

AGGREGATO GLOBAL
the prepaid company

10/30/14

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: MTI USA LLC

Dear Sir:

We previously sent changes and we have revised MTI USA LLC again.
Ultimately MTI USA, LLC is a single member LLC; Single Member being
Aggregato USA, Inc.

Please remove Allan Ghiassi and Brian Rudolph and please add Fernando Bueno as
Manager. The registered agent shall remain Shawn Foltz.

If you have any questions, please contact Fernando Bueno at 813-662-5467.

Sincerely,

Fernando Bueno
Manager



Online Banking

Business Advantage Chk - 1429: Account Activity Transaction Details

Check number: 00000001022

Post date: 10/16/2014

Amount: -25.00

Type: Check

Description: Check

| | | | |
|---|--|-------------------------------------|--------------------|
| MTI (USA) LLC 1084 E BRANDON BLVD BRANDON, FL 33511-6008 | | Bank of America ACH NT 002100777 | 1022 10/16/2014 |
| PAY TO THE ORDER OF Florida Department of State | | \$ 25.00 | |
| Twenty-Five and 00/100 | | | DOLLARS |
| Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314 | | | |
| MEMO | | | |
| #001022# 1063100277# 229049371429# | | | |



Online Banking

Business Advantage Chk - 1429: Account Activity Transaction Details

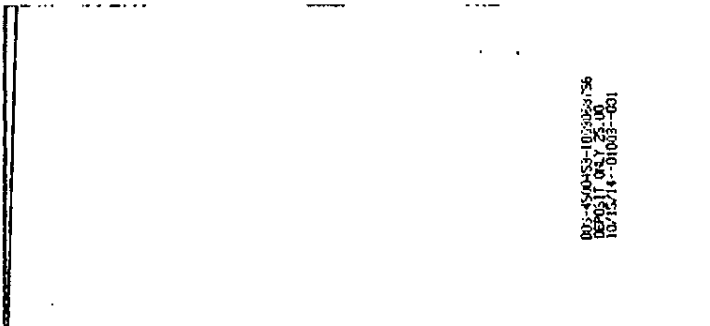
Check number: 00000001022

Post date: 10/16/2014

Amount: -25.00

Type: Check

Description: Check



**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: MTI USA LLC
2. (a) 1511 N. Westshore Blvd. Ste 750
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Tampa, FL 33607
- (b) Mailing Address the same
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 5/8/2014 Date of filing/registration in Florida
4. M14000003155 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____
- (b) Shawn Foltz
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1511 N. Westshore Blvd. Ste. 750 Tampa, FL 33607
NEW Registered Office Address:

_____, FL _____

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

Fernando Bueno

Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

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