M1500000 6080

(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



000331915450

1-2-1-4, 6-6, 6-6.

2319 JUL 23 KM 8: 47

Y SHILKER
JUL 3 0 2019

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJE	change of registered office and or registered agent							
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Office	Change and fee(s) are s	ubmitted for filing.					
Please	return all correspondence concerning this n	atter to the following:						
Adria	na Huisman							
	Name of Person							
	Firm/Company							
1835	Hallendal Beach Blvd unit 587							
	Address							
FL 33	009 Hallendale Beach							
	City/State and Zip Code							
anita(@utstranslations.com							
Е	-mail address: (to be used for future annual	report notification)						
For fur	ther information concerning this matter, ple	se call:						
ahj Hı	uisman	305 60004	57					
	Name of Person	Area Cod	e & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations					
Enclosed is a check for the following amount:								
	□ \$25 Filing Fee	2 \$55 Filing Fee	e & Certified Copy					

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	ume of the limited liability company: Universal Tra	anslatio	on Service	es USA LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Aventura FL33180	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	July 31, 2015		M15000	0006080			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Hoffmann Antonius Sr						
	Registered Agent and Registered Office shown on the records of	the Florie	la Dept, of St	ate:			
	5237 Summerlin Commons Suite 400						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-124	F-3	
	Fort Meyers FL33907				五日	<u>क्रम</u>	
	, FI				• • •	2319 JUL	
(b)	ahj Huisman			_		23 居	
	Enter name of NEW Registered Agent and/or NEW Registered 1835 Hallendale Beach Blvd Unit 587 NEW Registered Office Address:	l Office a	ddress:	- -		4 S: 47	
	Hallendale Beach FL	33009)				
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by amaffirmative vote of the members of cles of organization of the operating agreement of the	the reg ability of of the lii	istered offi ompany, it nited liabil	ce and the business c is hereby confirmed ity company or as otl	ffice of that the	of the re he chan	egistered ge(s)
(3)		<u>A.</u>	J. Hoffma				
l herel provisi the obli to merc notified	ture of a member or shelle feet representative of a member by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address. It is writing of this change.	ree to ac perform d for in hereby c	et in this ca nance of m Chapter bl confirm tha	Printed or typed name pacity. I further agry duties, and I am far 95, F.S. Or, if this dat the limited liability	ve 10 1	amnh	with the ad accept ing filed s been
	Division of Corporations • P.O. I	Box 632	7• Tallah:	assee, FL 32314			

FILING FEE: \$25.00