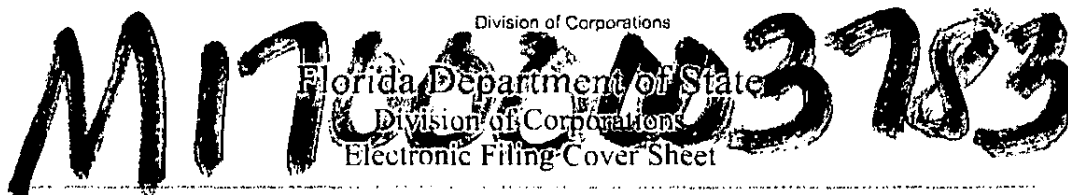


6/7/2017



**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000153473)))



H17000153473ABC+

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I2008000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SWISS MESSAGE DEPOSIT US, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

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(((H17000153347 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Swiss Message Deposit US, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address)

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address)

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M17000003783

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/03/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

(((H17000153347 3)))

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

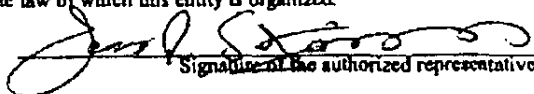
((H17000153347 3)))

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Removal of Simon Laszlo, Manager and the addition of Jean-Marc Stiegemeier, Manager

Title/Capacity	Name	Address	Type of Action
MGR	Jean-Marc Stiegemeier	Havas Utca #2, Emelet 1/9 1056 Budapest Hungary	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Simon Laszlo	BAJESY ZSLLINSZKY UT 12, H1051	<input type="checkbox"/> Add
		BUDAPEST, HUNGARY	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Jean-Marc Stiegemeier

Typed or printed name of signer

Filing Fee: \$25.00

30  
12  
((H17000153347 3)))

06-09-17:12:15 :From:HBS Filings  
850-617-6381

To:18506176383 ;13026451280  
8/9/2017 11:39:38 AM PAGE 1/001 Fax Server

# 2/ 4



June 9, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SWISS MESSAGE DEPOSIT US, LLC  
16192 COASTAL HWY  
LEWES, DE 19958

SUBJECT: SWISS MESSAGE DEPOSIT US, LLC  
REF: M17000003783

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H17000153347  
Letter Number: 417A00011703

2017 JUN -9 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314