## M20000006117

(Requestor's Na	ame)
(Address)	
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, ,	
(City/State/Zip/F	Ohono 40
(City/State/Zip/i	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
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Certified Copies Certifi	icates of Status
Special Instructions to Filing Office	r:
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	COVER	LETTER	
	ration Section on of Corporations		
SUBJECT: _	Centropix USA, LLC	inhiller Company	
	Name of Limited I	ability Company	
Dear Sir or Ma			
The enclosed F	Registered Agent/Registered Office Change and	fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the	following:	
`	Youcef Benloucif		
<del>-</del>	Name of Person		•
	Centropix USA, LLC	2 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1	2
	Firm/Company		- Ken
	6222 Tower Lane, Suite B5	TALL MASS	F. E. T. W. 32
	Address		89
	Sarasota, FL 34240		32
	City/State and Zip Code	<del></del>	
	B@centropix.com		
E-mail a	ddress: (to be used for future annual report not	fication)	
	formation concerning this matter, please call:		
Youce	ef Benloucif 708		
	Name of Person	Area Code & Daytime Telephone Number	
Regis Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 thassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Encle	osed is a check for the following amount:		

\$25 Filing Fee

☐ \$55 Filing Fee & 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.

submits the following statement in order to change its registered of the statement of the statement in order to change its registered of the statement of the s
Centropix USA, LLC  1. Name of the limited liability company:
2. (a)
(Note: MAY BE POST OFFICE BOX)
(222 Towerhone, Unit 65 6222 Towerhone, 85
Cada Tower hone, Unit BS 6202 Tower hine, BS Serasote, FL 34240 Serasote, FL 34246
7-13-8000 17
3. Date 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:
1901 4 STreet 10
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suit 300
54. Yeverbury , FL 33762
(b)
6222 10W4 11-12
The state of the s
NEW Registered Office Address 3
Salasote , FL 34040
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) awas/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 of a member or authorized representative of the member of the limited liability company.  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 that the state of the proper of the capacity.  Signature of Registered Agent