## 00000039409

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O SIMMONS APR 14 2020

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/13/2020			
			**WALK IN**
ENTITY NAME LA	SSERGUT FARMS USA	A, INC.	<del></del>
DOCUMENT NUMI	BER		
	**PLEASE FILE T	THE ATTACHED AND RETURN**	
xxxx	Plain Copy		
·	Certified Copy		
	Certificate of Status		
	Certified Copy of Ar Certificate of Good S		
	**APOSTILLE'/	NOTARIAL CERTIFICATION**	
COUNTRY OF DEST NUMBER OF CERTI	TINATION FICATES REQUESTED		
TOTAL OWED \$35		ACCOUNT # 120140000108 United Corporate Services, Inc.	Herpar
Please call Tina	at the above number for	any issues or concerns. Thank you	so much!

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	this
1. The name of (	he corporation: LASSERGUT FA	ARMS USA, INC.	
	office address: 66 WHITE STREE		
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification:04/19/2000	Document number: P00000039409	202
5. The name and		istered agent and registered office on file with the	2020 APR 13
	NRAI SERVICES, INC.		$\frac{1}{\omega}$ :
	1200 SOUTH PINE ISLAND RO	PAD	
	PLANTATION, FL 33324		7: 45
6. The name and (if changed):	street address of the new register	ered agent (if changed) and /or registered office	0.
	United Corporate Services, Inc.		
	9200 South Dadeland Blvd Suite	2 508	
		P.O. Box NOT acceptable	
	Miami, Florida 33156		
The street address changed will	ss of its registered office and the be identical.	e street address of the business office of its registor	ered agent.
Such change wa authorized by th	is authorized by resolution duly the board, or the corporation has b	adopted by its board of directors or by an officer been notified in writing of the change.	so
m	ario Gazzola re ol'an oppicer o procesor	Mario Gazzola	
Lhereby accept	the appointment as registered a	Printed or typed name and title  Igent and agree to act in this capacity.  all statutes relative to the proper and complete po the obligation of my position as registered agent, ge in the registered office address, I hereby confit change.	erformance Or, if this rm that the
	Vin Nash	4/10/2020	
F	im Nash nature of Registered Agent	Date	
If signing on be	half of an entity:		
Jim Nash		_	
Ţ	yped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*