P00000103148

(Requestor's Name)								
(Address)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: LIQUIDSQUARE, INC (Name of corporation)
DOCUMENT NUMBER: P00000103148
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AUSSANDRO RANCATI (Name of person)
LIQUIDSQUARE
(Name of firm/company)
509 SOUTH 21ST AVE SUITE 205
(Address)
How(wood, FL 33020) (City/state and zip code)
(City/state and zip code)
For further information concerning this matter, please call:
ALESSANDRO RANCAT (Name of person) at (954) 993 3737 (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Fl. 32399

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

change is submi	provisions of sec itted for a corpor	ration org	ganized unde	er the law	vs of the State of	- FLOR			ent of n order
to change its reg	gistered office or				•	ida.			
1. The name of	•		UDSQ11		INC				
2. The principal	office address:_				AVENUE	SVITE	202		
•	• •	How	TW000,	FL	33020				
3. The mailing a	ddress (if differe	ent):				<u></u>			
4. Date of incorp	ooration/qualific	ation: 1	1/02/20	00	Document num	ber: POO	000103	148	
5. The name and			,						
	HEEREN.	- Mov	EIRO, 8	NAZN					,
	5523 N					(TALI	ස	
	BOCA R						AHA	DEC	
6. The name and (if changed):	street address o	f the new	registered a	ngent (if c	changed) and /or	registered o	ffice SSCS	22 PM	
	ALESSAND	oro F	LANCATI					3: 26	
	509 400				E SVITE	205		. თ	
	HOUTN				NOT acceptable)				
The street addre						ess office of	its registered	l agent, a	as
Such change wa	s authorized by corporation ha	resolutions s been no	on duly adop otified in wi	pted by i	ts board of dire	ctors or by a	n officer so	authoriz	ed by
	ignature of an officer	or director)			AUEGSA	NORO RAI	CAT, PR	esidei	NT_
I hereby accept I further agree t duties, and I am being filed mere been notified in	- 1			t and agr statutes r tion of n red office	ree to act in this relative to the pi iy position as re address, I here				of my nent is has
	Rts.				DEC.	18, 20	03		
	Signature of Register					• (Date)		,,,
If signinglon bel	half of an entity	:							
	(Typed or Printed Na	ame)				(C	apacity)		······································

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