## P00 000 111261

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

TO:	Amendment Section Division of Corporations	•
SUBJI Name (	ECT: I. P. P. USA INC of Corporation	· · · · · · · · · · · · · · · · · · ·
DOCU	MENT NUMBER: P00000111261	
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
	return all correspondence concerning this	
CHARI	LES GENTRY	
Name o	of Contact Person	<del></del>
	UNTING AND TAX ASSOCIATES	
Firm/C	ompany	<del></del>
	HERCULES AVE	
Addres	S	
	RWATER, FL 33763	
City/St	ate and Zip Code	
	CHARLIE@ACCOUNTING	ANDTAXPA.COM
E-mail	address: (to be used for future annua	report notification)
For fur	ther information concerning this matter, p	blease call:
CHARI	LES GENTRY	at (727 )230-6964
	Name of Contact Person	at (727 )230-6964  Area Code & Daytime Telephone Number
Enclose	ed 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of FLORIDA rder to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: LP.P. USA INC	
	pal office address: 1465 S FORT HARRISON AVE, SUITE 108, CLEARWATER FL 33756	
3. The mailing a	g address (if different):	
4. Date of incor	corporation/qualification: 11/29/2000 Document number: P00000111261	
5. The name an Florida Depa	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	FREDRICK JAMES LLC	
	600 BYPASS DRIVE SUITE 112	
	CLEARWATER, FL 33764	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office d):  CHARLES GENTRY	
	Too B	-11
	1903 N HERCULES AVE P.O. Box NOT acceptable	
	CLEARWATER, FL 33763	- F
The street address changed will	dress of its registered office and the street address of the business office of its registered agent, vill be identical.	FILED FILED
Such change wanthonized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.  PETER CARSON DIRECTOR  Printed or typed name and hite	5: 12
I hereby accept I further agree of my duties, ar document is be corporation ha	ept the appointment as registered agent and agree to act in this capacity.  ee to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this being filed merely to reflect a change in the registered office address, I hereby confirm that the has been notified in writing of this change.	
	12/8/220	
Sig	Signature of Registered Agent Date	
If signing on be	behalf of an entity;	
CHARLES E. G	· · · · · · · · · · · · · · · · · · ·	
٦	Typed or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (04/13)