## P04000099535

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WIGHSLOW USA INC. (Name of Corporation)
DOCUMENT NUMBER: PO400099535
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:
ALEXANDER I. TACHMES, ESQ.  (Name of Contact Person)
ALEKANDER I. TACHMES P.A.
(Firm/Company)
2 S. BISCAYNE BLVD. STE. 2630
WIAMI FC 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
ALEKAWDER I. TACHMES, ESQ. at (305) 350-1940 (Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

5.4

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $Floreldown$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WILMSLOW USA, INC.  2. The principal office address: \$2 SOUTH BISCAYNE BIND. SUITE 2630
"Miami, FL 33131
3. The mailing address (if different):X
4. Date of incorporation/qualification: 1104 Document number: Po 4 6000 99 535
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JAMES MARY ESQ.
848 BRICKELL AVE., STE 750 FF 7
MIAMI, FL 33/31
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ALGKANDER I. TACHMES P.A.
2 SOUTH BISCAYNE BLVD. STE. 2630 (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)  MIAMI, FL 33131
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
0.
(Signature of an officer of director)  (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Olo Su DD President (2/21)05 (Date)
If signing on behalf of an entity:
ALEXANDER I. TACHMES besident (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, Tallahassee, FL 32314 CR2E045 (8/05)