

PO60000/45/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

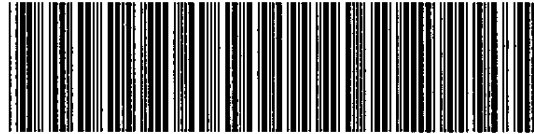
(Business Entity Name)

(Document Number)

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08 SEP 19 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts SEP 24 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Machin USA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000014513

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:

Joel Machin  
(Name of Contact Person)

Machin USA INC  
(Firm/Company)

18111 SW 143CT  
(Address)

Miami FL 33175  
(City/State and Zip Code)

For further information concerning this matter, please call:

Onamaris Ibarra at (305) 613-5245  
(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

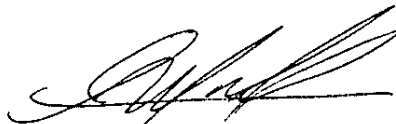
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
08 SEP 19 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Angela B Machin, hereby resign as VP and Secy  
(Title)

of Machin USA, INC.  
(Name of Corporation)

PO6000014513, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida



(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314