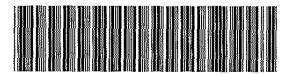
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(Re	questor's Name)	<u>_</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to i	Filing Officer:	

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: USA - TRANSATLANTIC INC. (Name of Corporation)
DOCUMENT NUMBER: P06000091936
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:
Peter Hoefler
(Name of Contact Person)
USA - Transatlantic Inc. (Firm/Company)
624 Whitehead Street
(Address)
Key West, FL 33040 (City/State and Zip Code)
For further information concerning this matter, please call:
Andrew C. MacDonald at ( 305 ) 296 7972  (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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
	the corporation: USA - Transatla	
	office address: 624 Whitehead S	Street
Key West,	FL 33040	
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: July 12, 2	2006 Document number: P06000091936
	d street address of the current regurtment of State:	istered agent and registered office on file with the
	Peter Hoefler, USA - Tran	
	120 <b>7</b> South Street, Suite	A SSEE PIN
	Key West, FL 33040	me P
6. The name an (if changed):		A SSEE, FLORIDA or registered office
	624 Whitehead Street	<u> </u>
	(P.O. Box NOT	acceptable)
	Key West, FL 33040	
The street addrass changed will	css of its registered office and the identical.	ne street address of the business office of its registered agent,
Such change wanthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
[ Numai	fer 1/18 (	Peter Hoefler, President (Printed or typed name and title)
I hereby accept I further agree of my duties, a document is be	tithe appointment as registered	agent and agree to act in this capacity, fall statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the
900	14/1	Bad Homburg, September 12, 2006
181	ignature of Registered Agent)	(Date)
If signing on bo	chalf of an entity:	
	Typed or Printed Name)	<del>-</del>

\* \* \* 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)