## P08000073906

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SECRETARY OF STATE

JAN 13 2016 C. CARKUTHEPS

## **COVER LETTER**

TO: Amendment Section Division of Corporations MANDOLIN USA, INC. SUBJECT:\_ Name of Corporation P08000073906 **DOCUMENT NUMBER:** 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: Walter F. Hinz Name of Contact Person Walter F. Hinz, CPA Firm/Company 1200 NW 17th Avenue, Suite 22 Delray Beach, FL 33445-2513 City/State and Zip Code walt@whinzcpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Walter F. Hinz Name of Contact Person

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 chan	ge is submitted fo	r a corporation	17.0502, 607.1508, or organized under the l registered agent, or b	laws of the Sta	ate of Flor	ida		
1. The name of the corporation: MANDOLIN USA, INC.								
2. The principal of	•	1200 NW	17th Avenue, S	Suite 22				
		Delray Be	each, FL 33445	-2513				
3. The mailing ad	dress (if different	):						
4. Date of incorp	oration/qualificati	on: 08/06/2	2008 Documen	ıt number:	2080000	7390	6	
5. The name and		he current regist	tered agent and registe	ered office on	file with the	e		
	Bruntor	n Registere	d Agents			≱s	201	
4710 NW 2nd Avenue, Suite 101				- C22 - 22 - 23 - 24 - 25	2016 JAN 1 1	harana E 3		
-	Boca F	Raton, FL 3	3431			ال ما يا		
6. The name and (if changed):	street address of	he new registere	ed agent (if changed) a	and /or registe	ered office	FI ORIO	PM 7: 0	
	Walter	F. Hinz, Cl	PA			- C	ת	
	1200 N		enue, Suite 22		<del></del>			
	Delray		ox NOT acceptable 33445-2513					
The street addre	ss of its registered be identical.	d office and the	street address of the	business offic	ce of its reg	istered a	igent,	
			dopted by its board of een notified in writing					
	ugel			orenzo Ar	_			
I hereby accept I further agree t performance of	the appointment of comply with the my duties, and I of some stand to the stand to t	as registered ag provisions of a im familiar with no filed merely	ent and agree to act i ill statutes relative to and accept the oblig to reflect a change in tified in writing of thi	the proper a gation of my p n the registers	ty. nd complete position as r	egistere	d	
Wals	ature of Registered Age			12-18-1.	5			
	half of an entity:	ant		Date				
Ту	ped or Printed Name							

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