Jul 15 2014 12:06 Triad 7702201943

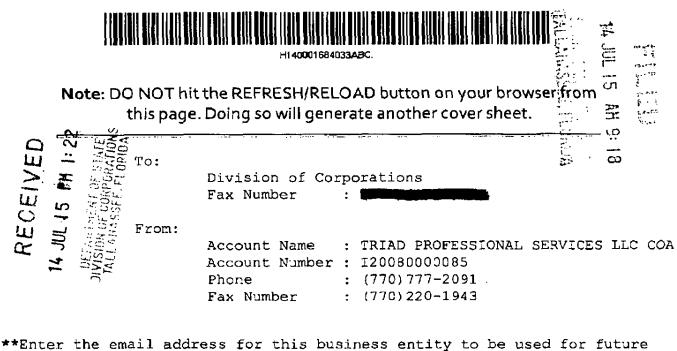


Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140001684033)))



Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

REGISTERED AGENT CHANGE PINMAR USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

JUL 1 6 2014

COVER LETTER

TO: Amendment Section Division of Corporations

Pinmar USA, Inc.

Name of Corporation

P08000107826

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:

Triad Professional

Name of Contact Person

Triad Professional Services

Firm/Company

1720 Windward Concourse, Ste 390

Address

Alpharetta, GA 30005

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRahm

Name of Contact Person

770 777-2091
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

(((H140001684033))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 mge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the State of	Florida	ris	
1. The name of t	the corporation: Pinmar USA, Inc.	·			
2. The principal	office address: 760 NE 7TH AVE	NUE	-		
					- -
4. Date of incorp	poration/qualification: 12/11/2008	Document number: P0800	0010782	6	
	I street address of the current registered a tment of State: (If resigned, enter resignated)		ith the		
	GreenbergTraurig P.A.		_		
	401 East Las Olas Boulevard	d, Ste 2000	•		
	Fort Lauderdale, FL 33301		· - ***	فهاعد	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered of	Mice	i Tinf 🦘	स्टब्स्ट स्था स्टब्स्ट्रस्था स्टब्स्ट्रस्था
	NRAI Services, Inc.		, 177 v	Ċ,	ę.
	1200 S. PINE ISLAND ROAL				Event Sient
	PLANTATION, FL 33324	seceptable		<u>⊕</u>	
The street addre	ess of its registered office and the street be identical.	address of the business office of it	s registere	d age	nt,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an tifted in writing of the change.	officer so		
/s/Peter Brown Signature of an officer or director		Peter Brown, Managing		<u>-</u>	.
I hereby accept I further agree to performance of	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a state document is being filed merely to reflicted the corporation has been notified in	d agree to act in this capacity, utes relative to the proper and con ccept the obligation of my position ect a change in the registered offic n writing of this change.	nplete n as registe ce address,	red I	
Sign	nature of Registered Agent	7/15/2016 Date	<u> </u>	<u></u>	•
	half of an entity:				
	m, Asst Secretary to NRAI				
-,	* * * FILING FE	E: \$35.00 * * *			

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2ED45 (03/12)

((H 14000 / 6840 3 3))