## P0900000734171

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## **COVER LETTER**

Amendment Section TO: Division of Corporations PICCOLO 2 USA, INC. SUBJECT: Name of Corporation P09000073471 **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 cha	nge is submitted fo	r a corporation organ	2, 607.1508, or 617.1508, Florida Statutized under the laws of the State of Floring	rida	
in orde	r to change its regi.	_	ered agent, or both, in the State of Flori	da.	
I. The name of the corporation: PICCOLO 2 USA, INC.					
2. The principal	office address:	1200 NW 17tl	h Avenue, Suite 22		
<del></del>		Delray Beach	n, FL 33445-2513		
3. The mailing a	ddress (if different)	):			
4. Date of incom	oration/qualification	on: 09/01/2009	Document number: P09000	073471	
		he current registered a resigned, enter resigne	gent and registered office on file with the	ne	
	Brunton	Registered Ag	ents		
	4710 N\	W 2nd Avenue,	Suite 101	2016 JAN 1 1 SECRETARY	
	Boca R	taton, FL 33431		JAN I	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				P	
	Walter	F. Hinz, CPA		6: 13 STATE JORIOJ	
	1200 N	NW 17th Avenue	•	,,,	
		P.O Box NOT	·		
	Delray	y Beach, FL 334	445-2513		
The street addre	ss of its registered be identical	office and the street	address of the business office of its reg	istered agent,	
Such change wa authorized by th	s anthorized by res	solution duly adopted poration has been not	by its board of directors or by an officified in writing of the change.	er so	
	Mugec - e of an officer or director		Fiorenzo Angehrn		
I hereby accept	the appointment as	s registered agent and	Printed or typed name and title  d agree to act in this capacity.  utes relative to the proper and complete  ccept the obligation of my position as re  ect a change in the registered office ad  n writing of this change.	e egistered dress, I	
Ublk	Him nature of Registered Agen		12-18-15 Date		
Sign	nature of Registered Agen	it	Date		
If signing on be	half of an entity:				
	ped or Printed Name	<del></del>			
*2	F				

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