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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT. ONE SHOT STUDIO USA CORP.

Name of Corporation

DOCUMENT NUMBER: ____ P10000029533

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:

ALAIN VAN DOOSSELAERE

Name of Contact Person

PERSONALIZED BUSINESS SOLUTIONS INC

Firm/Company

1800 SW 1ST AVE STE 306

Address

MIAMI, FL 33129

City/State and Zip Code

perbussol@aol.com

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

For further information concerning this matter, please call:

ALAIN VAN DOOSSELAERE

786 \294-087

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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617. ange Is submitted for a corporation of er to change its registered office or re	rganized under the laws of the	State of FLORIDA			
1. The name of	the corporation: ONE SHOT ST office address: 1330 WEST AV	UDIO USA INC.		139		
3. The mailing	address (if different):			, .		
4. Date of incom	rporation/qualification: 04/06/20	Document number:	P1000002953	3		
5. The name an	nd street address of the current register artment of State: (If resigned, enter res	ed agent and registered office	on file with the			
	ELMALEH, VANESSA	• •		SEG	41	
	407 LINCOLN RD STE 12	F	•	H. K.	14 AUG 18	170
	MIAMI, FL 33139	·	,.	ARY		,
6. The name an (if changed):	d street address of the new registered	Mary Commence	istered office	FLORIDA	PM 5: 10	
	1800 SW 1ST AVE STE 3			-		
		NOT acceptable				
The street addr as changed wil	ress of its registered office and the str I be identical.	reet address of the business of	ffice of its registered	l agent,		
Such change wanthorized by i	as authorized by resolution duly ado the board, or the corporation has beer	pted by its board of directors	or by an officer so		'	'1
Pa	Scale Vale	PASCALE VAL	Y - PRESIDEN	Ť		
i juriner agree performance o agent Or. if il	t the appointment as registered agen to comply with the provisions of all i f my ditties, and I am familiar with to nis document is being filed merely to that the corporation has been notifi	statutes relative to the proper nd accept the obligation of my reflect a change in the regist	' and complete v position as registe	red I		
	Cod-	07/23/2				
	ehalf of an entity:	Date	,	_ ·- -		
	Typed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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