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2017-01-05 14:56:50 CST

12122023573 From: Kimberly Laughrey

01/05/2017  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**P10000102258**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
 Fax Number : (954)208-0845

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

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**REGISTERED AGENT CHANGE  
 ARMADA US INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

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2017-01-05 14:56:50 CST

12122023573 From: Kimberly Laughrey

**COVER LETTER****TO:** Amendment Section  
Division of Corporations**SUBJECT:** ARMADA US INC.

Name of Corporation

PI0000102258

**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:

**ANDRE MAURICE SANTAMARIA**

Name of Contact Person

ARMADA US INC.

Firm/Company

444 Riverview Lane

Address

Melbourne Beach, FL 32951

City/State and Zip Code

AMS1984@live.ca

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

For further information concerning this matter, please call:

Courtney L. Scanlon

716

848-1538

Name of Contact Person

at

Area Code &amp; 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

CR18045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARMADA US INC.
2. The principal office address: 444 Riverview Lane, Melbourne Beach, FL 32951
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/14/2010 Document number: P10000102258

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

ANDRE MAURICE SANTAMARIA

444 Riverview Lane

P.O. Box NOT acceptable

Melbourne Beach, FL 32951

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Vice President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: ANDRE SANTAMARIA

Signature of Registered Agent

29-12-2016

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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