P11000044224

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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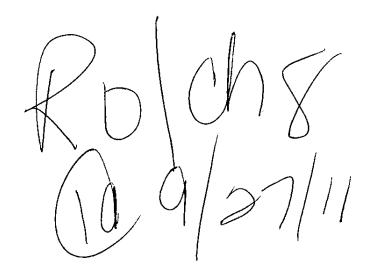


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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

Division of Corp	orations		
SUBJECT:	MOTORS U	SA INC.	
	Name of C	orporation	
DOCUMENT NUMBE	R:P11	000044224	
The enclosed Statement of	of Change of Registered Office	e/Agent and fee are subm	itted for filing.
Please return all correspo	ndence concerning this matter	r to the following:	
	GUILLERMO	GONZALEZ	
	Name of Co.	mact i eison	
	MOTORS		
	Firm/Co	ompany	
		ST UNIT 213	·
	Add	ress .	
	PINECRES	T/FL 33156	
	City/State ar	nd Zip Code	
E-ma	guillermo@aero	servicios.com uture annual report noti	fication)
For further information co	oncerning this matter, please of	call:	
	MO GONZALEZ	at (786 .)	256-7048 ime Telephone Number
Name of C	Contact Person	Area Code & Dayt	ime Telephone Number
Enclosed is a \$35.00 chec	ck made payable to the Depart	tment of State.	
7	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment S Division of C Clifton Buildi	ection orporations ng
٦	Fallahassee, FL 32314	2661 Executiv Tallahassee, F	ve Center Circle FL 32301

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes a organized under the laws of the State of <u>FLOR</u> a registered agent, or both, in the State of Florida.	IDA
1. The name of t	he corporation: MOTORS U	SA INC.	
2. The principal	office address: 3750 NW 49Th	1 ST MIAMI, FL., 33142	
3. The mailing a	ddress (if different): 7568 SW	102 ST UNIT 213	
4. Date of incorp	poration/qualification:05/09	/2011 Document number: P1100	0044224
	street address of the current registement of State: (If resigned, enter a	tered agent and registered office on file with the resigned)	
	GUILLERMO GONZALEZ		
	3750 NW 49TH ST MIAMI	, FL., 33142	
		,	1 DIV.
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	SECRETARY VISION OF CO
	4020 NW 26 ST.MIAMI, FI	L.,33142	CORPORA
	P.O.	Box NOT acceptable	STALL NS ORATIONS
The street addre	ss of its registered office and the be identical.	street address of the business office of its regis	tered agent,
Such change wa authorized by th	s authorized by resolution duly a le board, of the corporation has b	adopted by its board of directors or by an office open notified in writing of the change.	r so
Signatur	e of an officer or director	GUILLERMO GONZALEZ PRE Printed or typed name and title	SIDENT
of my duties, an document is bei	the apportunent as registered as occupily with the provisions of a diam familiar with and accept to a filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agen ge in the registered office address, I hereby conf thange.	performance t. Or, if this firm that the
		08/18/2011	
If signing on be	half of an entity:	Date	
Ty	ped or Printed Name	-	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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