## D/3000/3640

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT:SO USA, INC			
Name of Corporation			
DOCUMENT NUMBER: P13000013640			
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:			
ROLANDO M SOUSA			
Name of Contact Person			
SO USA, INC			
Firm/Company			
1600 NW 84TH AV			
Address			
DORAL FL 33126			
City/State and Zip Code			
SO.USA@MAIL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ROLANDO M SOUSA at (786 ) 6633154  Name of Contact Person Area Code & Daytime Telephone Number			
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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: SO USA INC.
2. The principal	office address: 1600 NW 84TH AV DORAL, FL 33126
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 2/11/2013 Document number: P13000013640
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	ROLANDO M SOUSA / 1850 NW 84TH AV #100 DORAL, FL 33126
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  ROLANDO M SOUSA / 1600 NW 84TH AV, DORAL, FL 33126  P.O. Box NOT acceptable
	ROLANDO M SOUSA / 1600 NW 84TH AV, DORAL, FL 33126
	ROLANDO M SOUSA / 1600 NW 84TH AV, DORAL, FL 33126  P.O. Box NOT acceptable
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Signatur	ROLANDO M SOUSA (DIRECTOR)  Printed or typed name and title
-	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	06/20/2013  Date
_	half of an entity:
5.5 011 001	num or an onting i
Ty	yped 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
CR2E045 (03/12)