# 015000025769

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PICK-UP WAIT MAIL				
(Business Entity Name)				
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#### **COVER LETTER**

SUBJECT: MESSIKA USA INC.

Name of Corporation

DOCUMENT NUMBER: P15000025769

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:

Salomon Kapetas

Name of Contact Person

C/O KVB PARTNERS

Firm/Company

60 BROAD ST, STE 3502

Address

NE YORK, NY 10004

City/State and Zip Code

For further information concerning this matter, please call:

Salomon Kapetas

Name of Contact Person

at (646 ) 356-0460

Area Code & Daytime Telephone Number

ADMINISTRATION@KVBPARTNERS.COM E-mail address: (to be used for future annual report notification)

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

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607 ange is submitted for a corporation organized u er to change its registered office or registered a	inder the laws of the State (	of FL
	the corporation: MESSIKA USA INC.	gorin, or oom, in mic state o	y i torita.
2 The principal	ORK, NY 10004	502	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 06/2/2017 3)17/	<b>2015</b> Document number: P15	000025769
	d street address of the current registered agent a rtment of State: (If resigned, enter resigned)	nd registered office on file	with the
	JADE ASSOCIATES C/O JADE A	ASSOCIATES	_
	100N. BISCAYNE BLVD, SUITE	500	
	MIAMI, FL 33132 US		<del></del>
6. The name and (if changed):	d street address of the new registered agent (if c	hanged) and /or registered	12 TE
	155 Office Plaza Drive, PO Box NOT acceptal Tallahassee, FL 32301	<del></del>	MH1:57
The street addre	ess of its registered office and the street addres I be identical.	ss of the business office o	f its registered agent.
Signatur  I hereby accept  I further agree t performance of agent. Or. if this	as authorized by resolution duly adopted by its ho board, or the corporation has been notified a sure of an other operation with the appointment as registered agent and agre to comply with the provisions of all statutes refer a decide, and I am familiar with and accept its document is being filed merely to reflect a count that the corporation has been notified in writing	rented or typed name and the to act in this capacity. It is to the proper and capacity the obligation of my posity thange in the registered of	Secretary Title  omplete ion as registered
Sign	gnature of Registered Agent	Date	
Ту	yped or Printed Name		

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

# STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

DATE: 1/23/2018

ENTITY NAME: MESSIKA USA, INC.

## REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Burleson, Assistant Secrètary

Paracorp Incorporated