P17000016192

| (Requestor's Name) | |
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| (Address) | |
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| (Address) | |
| (* 1001C55) | |
| | |
| (City/State/Zip/Phone #) | |
| | |
| PICK-UP WAIT MAIL | |
| | |
| . (Business Entity Name) | |
| , , , | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|--|------|
| | Coin-USA INC | |
| SUBJ | Name of Corporation | |
| | P17000016192 | |
| DOC | JMENT NUMBER: | |
| The e | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | |
| Please | return all correspondence concerning this matter to the following: | |
| | Michael Rau | |
| | Name of Contact Person | |
| | AMERICA COMPANY FORMATION & MGmt Inc | |
| | Firm/Company | |
| | 1217 Cape Coral Okwy E Suite 136 | |
| | Address | |
| | Cape Coral FL 33904 | |
| | City/State and Zip Code | |
| | michael@rau.cc | |
| | E-mail address: (to be used for future annual report notification) | |
| | rther information concerning this matter, please call: | |
| Mich | ael Rau 239 214 8892 | |
| | Name of Contact Person at () Area Code & Daytime Telephone Num | nber |
| Enclo | sed is a \$35.00 check made payable to the Department of State. | |
| | Mailing Address: Street Address: Amendment Section Amendment Section | |
| | Division of Corporations Division of Corporations | |
| | P.O. Box 6327 Clifton Building | |
| | Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | |

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

| statement of char | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida. |
|---|---|
| | Coin-USA INC |
| 2. The principal of | office address:on Av. Suite 2417 Suite 2417 New York City, NY 10016 |
| 3. The mailing ac | ddress (if different): |
| 4. Date of incorp | oration/qualification: 02/17/2017 Document number: P17000016192 |
| 5. The name and | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) |
| | 210 71 STREET 301 MIAMI BEACH, FL 33141 AHARY OF STREET STREET 301 MIAMI BEACH, FL 33141 |
| (if changed): | street address of the new registered agent (if changed) and /or registered diage |
| | 1217 Cape Coral Pkwy E Suite 136 |
| | P.O. Box NOT acceptable Cape Coral FL 33904 |
| | ss of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change. |
| Thereby gecepts I further agreed performance of agent. Or, if this hereby confirm | Printed or typed name and title the appointment as registered agent and agree to act in this capacity. to 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 of document is being filed merely to reflect a change in the registered office address, I what the corporation has been notified in writing of this change. Date |
| If signing on/bet | nalf of an entity: UL + Cu ped or Printed Name |

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