

**P17000016192**  
Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
COIN-USA INC.**

Certificate of Status	0
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Corporate Filing Menu

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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 FL  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Coin-USA Inc.
2. The principal office address: 244 MADISON AV. SUITE 2417 SUITE 2417  
NEW YORK CITY, NY 10016
3. The mailing address (if different): 870 N. MIRMAR AVENUE SUITE 2417 INDIALANTIC, FL 32903
4. Date of incorporation/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  
Florida Department of State: (If resigned, enter resigned)  
AMERICAN COMPANY FORMATION & MANAGEMENT  
1217 CAPE CORAL PARKWAY E SUITE 136  
CAPE CORAL, FL 33904
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):  
LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS BLVD, SUITE 400  
FORT MYERS, FL, 33907

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.

Christian Hemmrich  
Signature of an officer or director

Christian Hemmrich  
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.

Nancy Luna  
Signature of Registered Agent

3/17/2020  
Date

If signing on behalf of an entity:

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Nancy Luna

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  
CR2E045 (04/13)