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☐ PICK-UP	☐ WAIT	MAIL.
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates (of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Ra Change

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: USF	PA INTERNATIONAL INC	
	Name of Corporation	
DAZIMINE SIII	P18000036778	

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:

Michael Evans Name of Contact Person USPA INTERNATIONAL INC Firm/Company 8671 Lakeside Bend Address Parkland, FL 33076 City/State and Zip Code michael.evans@live.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Evans

Name of Contact Person

at (631) 384-9699

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 ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statute. organized under the laws of the State of FLorid registered agent, or both, in the State of Florida	la
1. The name of	the corporation: USPA INTER	RNATIONAL INC	
2. The principa	Toffice address: 11555 Heron prings, FL 33076	Bay Blvd, Suite 200	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 04/19/20	Document number: P18000036	3778
5. The name an		ered agent and registered office on file with the	
	Michael Evans (Resigne	ed)	
	8671 Lakeside Bend		
	Parkland, FL 33076		
6. The name an (if changed):		ad agent (if changed) and /or registered office	
	11555 Heron Bay Blvd,	Suite 200	5 2 TA
		ox NOT acceptable	
	Coral Springs, FL 3307	6	25 G.S.
The street additas changed wil	ress of its registered office and the . I be identical.	street address of the business office of its regis	terus agentin
Such change wauthorized by t	ras authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	' so
	Tvans	Michael Evans	
I hereby accep I further agree performance o agent. Or, if ii	r to comply with the provisions of a If my duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as re, to reflect a change in the registered office addi ified in writing of this change.	gistered ress, I
W	Twans	09/05/2018	
Sı	Tvans Ignature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Michael E	vans, President		
	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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