

PI90000 88560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

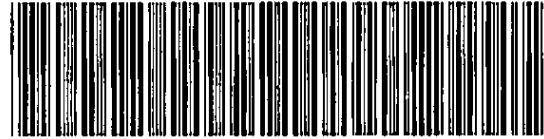
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

OCT 11 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOLD COIN USA Inc
Name of Corporation

DOCUMENT NUMBER: P18000088560.

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:

Ishu Chhugani
Name of Contact Person

Gold Coin USA Inc
Firm/Company

5190 SW 158th Ave
Address

Miramar, FL, 33027,
City/State and Zip Code

nmaniar@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ishu Chhugani at (424) 278-5764.
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: GOLD COIN USA Inc.
2. The principal office address: 5190 SW 158th Ave.
Miramar, FL 33027
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 10.13.2018 Document number: P18000088560
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)

MANIAR, RAJU
1401 N UNIVERSITY DR, Ste 301 #
Coral Springs, FL 33071

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ishu Chhugani
5190 SW 158th Ave
P.O. Box NOT acceptable
Miramar, FL 33027

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.

Ishu Chhugani
Signature of an officer or director

ISHU CHHUGANI PRESIDENT
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.

Ishu Chhugani
Signature of Registered Agent

08-05-2020
Date

If signing on behalf of an entity:

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)

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2020 AUG 10 PM 6:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FL