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COVER LETTER

TO: Amendment Section Division of Corporations	
ALLYAS USA CORP SUBJECT: Name of Corporation	
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Bets Touitou	
Name of Contact Person	
Dayan & Associates, PLLC	
Firm/Company 2980 NE 207th St STE 303	7.20
Address Aventura FL 33180	20727.3.15
City/State and Zip Code hets@dayanassociates.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter.	
Bets Touitou	at ()
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	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes a organized under the laws of the State of FLORII	DA
in order		registered agent, or both, in the State of Florida.	
1. The name of t	ALLYAS USA CORP he corporation: 9790 W DIXIE HWY SUITE	· 307 Aventura FL 33180	
2. The principal	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 01/07/2020	Document number:	
	street address of the current regis ament of State: (If resigned, enter a 2B CONSULING LLC	stered agent and registered office on file with the resigned)	
	20200 W DIXIE HIGHWAY SUITE	E 809 Aventura FL 33180	
(if changed):	street address of the new registere	ed agent (if changed) and /or registered office	20231 . 3
	Dayan & Associates, PLLC 2980 NE 207th:	St STE 307, Aventura, FL 33180	5
		P O Box NOT acceptable	
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its regis	tered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, of the corporation has b	adopted by its board of directors or by an office een notified in writing of the change.	· so
	- K	XAVIER CHABOT, PRESIDENT	
Signatur	e of an officer or director	Printed or typed name and title	
l further agrée t of my duties, an document is bei	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	zent and agree to act in this capacity. all statutes relative to the proper and complete j the obligation of my position as registered agen ze in the registered office address. I hereby conj change.	performance t. Or, if this irm that the
	Down	05/08/2023	
Sigi	nature of Registered Agent	Date	
If signing on be	nalf of an entity:		
Bets Touitou			
Ту	ped or Printed Name	-	

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