

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FABRA USA, INC.
Name of Corporation

DOCUMENT NUMBER: P95000035867

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:

SABRINA ANNOVAZZI BERTELE
Name of Contact Person

FABRA USA, INC
Firm/Company

15 SUNSHINE BLVD
Address

ORMOND BEACH, FL 32174
City/State and Zip Code

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

For further information concerning this matter, please call:

SABRINA ANNOVAZZI BERTELE at (386) 672-7225
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: FABRA USA, INC.

2. The principal office address: 15 SUNSHINE BLVD
ORMOND BEACH, FL 32174

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/08/1995 Document number: P 95000035867

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)

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324


FILED STATE
SECRETARY OF CORPORATIONS
12 OCT 22 PM 3:56

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

SABRINA ANNOVAZZI BERTELE
15 SUNSHINE BLVD
P.O. Box NOT acceptable
ORMOND BEACH, FL 32174

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.


Signature of an officer or director

SABRINA ANNOVAZZI BERTELE
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.


Signature of Registered Agent

10/18/2012
Date

If signing on behalf of an entity:

SABRINA ANNOVAZZI BERTELE
Typed or Printed Name

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