

P98000039419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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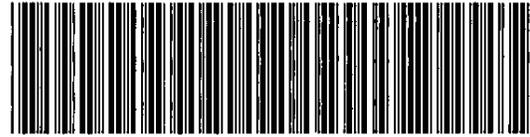
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TBrawn 10-3-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEGALITE USA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P 98000039419

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:

ROCIO SAMPSON  
(Name of Contact Person)

MEGALITE USA, INC  
(Firm/Company)

10730 NW 66 ST. STE 108  
(Address)

DONAL, FL 33178  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROCIO SAMPSON at (305) 629-9100  
(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

