

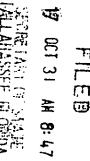
(Requi	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Document)	ment Number)	
Certified Copies		
Special Instructions to Fili	ng Officer;	

Office Use Only



900304918739

gov 0 1 **2017** S. YOUNG



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 891956 4384197

AUTHORIZATION : Symuloble ma

COST LIMIT : \$ 35.00

ORDER DATE: October 31, 2017

ORDER TIME : 3:40 PM

ORDER NO. : 891956-060

CUSTOMER NO: 4384197

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: DELTAMEX CANADA (U.S.A.), INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

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

statement of che	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of Florida  The fice or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: DELTAME:	K CANADA (U.S.A.), INC.		
2. The principal	office address: C/O Rimmo	n Management LLC		
	t Street, Miami Beach, FL 3			
3. The mailing	address (if different): C/O R	immon Management LLC		
	6481, Surfside, FL 33154	· · · · · · · · · · · · · · · · · · ·		
4. Date of incor	poration/qualification: 03/0	9/1992 Document number: V20424		
5. The name an Florida Depa	d street address of the current furtiment of State: (If resigned	nt registered agent and registered office on file with the , enter resigned)		
	CF Registered Agent, Inc.			
	100 S. Aşhley Drive, Suite	400		
	Tampa, FL 33602			
6. The name an (if changed):		registered agent (if changed) and /or registered office		
•	Corporation Service Company			
	1201 Hays Street	SSEE		
	P.O. Box NOT acceptable			
	Tallahassee	FL 32301		
The street addr	ress of its registered office all be identical.	and the street address of the business office of its registered agent,		
Such change wanthorized by t	as authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer so n has been notified in writing of the change.		
No	Ware Je	Ricardo A. Nevarez, President		
I hereby accep I further agree performance o agent. Or, if it hereby confirm Gorgoratio By:	to comply with the provision of my duties, and I am family his document is being filed.	Printed or typed name and little  ered agent and agree to act in this capacity.  ons of all statutes relative to the proper and complete for with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I  een notified in writing of this change.  Roxanne Turner  Asst. Vice Presider		
	The state of the s			
·	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 (03/12)