16426 NE 32 A NORTH MIAMI	•			
Current Mai	iling Address:			
P.O. BOX 6 NORTH MIA	612797 MIBEACH, FL 33261 US			
FEI Number: APPLIED FOR			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
DORRA, NURI 16426 NE 32 A NORTH MIAM	VE I BEACH, FL 33160 US			
The above name	d entity submits this statement for the purpose of changing	g its registered office or regis	tered agent, or both, in the State of Florid	la.
	d entity submits this statement for the purpose of changing E: NURI DORRA	g its registered office or regis		
		g its registered office or regis		
SIGNATURE	E: NURI DORRA	g its registered office or regis		04/30/2018
SIGNATURE	E: NURI DORRA Electronic Signature of Registered Agent	g its registered office or regis		04/30/2018
SIGNATURE	E: NURI DORRA Electronic Signature of Registered Agent Person(s) Detail :		(04/30/2018
SIGNATURE Authorized	E: NURI DORRA Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	AUTHORIZED MEMBER	04/30/2018
SIGNATURE Authorized Title Name	E: NURI DORRA Electronic Signature of Registered Agent Person(s) Detail : MGRM DORRA, NURI 16426 NE 32 AVE	Title Name	AUTHORIZED MEMBER DORRA, INGRID E. DR. 16426 NE 32 AVE	04/30/2018 Date
SIGNATURE Authorized Title Name Address	E: NURI DORRA Electronic Signature of Registered Agent Person(s) Detail : MGRM DORRA, NURI 16426 NE 32 AVE	Title Name Address	AUTHORIZED MEMBER DORRA, INGRID E. DR. 16426 NE 32 AVE	04/30/2018 Date
SIGNATURE Authorized Title Name Address City-State-Zip:	E: NURI DORRA Electronic Signature of Registered Agent Person(s) Detail : MGRM DORRA, NURI 16426 NE 32 AVE NORTH MIAMI BEACH FL 33160	Title Name Address	AUTHORIZED MEMBER DORRA, INGRID E. DR. 16426 NE 32 AVE	04/30/2018 Date
SIGNATURE Authorized Title Name Address City-State-Zip: Title	E: NURI DORRA Electronic Signature of Registered Agent Person(s) Detail : MGRM DORRA, NURI 16426 NE 32 AVE NORTH MIAMI BEACH FL 33160 AUTHORIZED MEMBER	Title Name Address	AUTHORIZED MEMBER DORRA, INGRID E. DR. 16426 NE 32 AVE	04/30/2018 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NURI DORRA

MGM

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000141826

Entity Name: MABRUK USA L.L.C

Current Principal Place of Business:

FILED Apr 30, 2018 Secretary of State CC0098075922

Date