

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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: (850)205~8842

Phone Fax Number

: (850)878-5368

***Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

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REGISTERED AGENT CHANGE TAG WORLDWIDE (USA) INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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

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statement of ch	r provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this page is submitted for a corporation organized under the laws of the State of Delaware are to change its registered office or registered agent, or both, in the State of Florida.	•
1. The name of	the corporation: TAG WORLDWIDE (USA) INC.	•
	I office address:	-
3. The mailing	address (if different):	-
4. Date of incom	poration/qualification: 4/18/2014 Document number: F14000001724	-
	d street address of the current registered agent and registered office on file with the attment of State: (If resigned, enter resigned)	3 Mar Continued of
	CORPORATION SERVICE COMPANY	###
	1201 HAYS STRBETTALLAHASSEE, FL 32301	The second
	<u> </u>	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	"himber"
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Box NOT acceptable	
	Plantation, Florida 33324	
The street addr	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so he hourd, or the corporation has been notified in writing of the change.	
Signat	John Laulson, Director & Pred Printed or typed name and bille	sident
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete I my duties, and I am familiar with and accept the obligation of my position as registered als document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
By: CTCo	9/21/2015	
- •	chalf of an entity: Alfred Younan	
If signing on be	Assistant Secretary	
	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)

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