F08000004196

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SEP 0.2 2014 C. CARROTHERS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 276608

7793092

AUTHORIZATION

COST LIMIT : '\$\35.00

ORDER DATE: August 29, 2014

ORDER TIME : 10:05 AM

ORDER NO. : 276608-010

CUSTOMER NO: 7793092

CHANGE OF AGENT

NAME: DE BEERS DIAMOND JEWELLERS

US, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations						
CUBY	DE BEERS DIAMOND JEWELLERS US, I	NC.				
SORI	ECT: Name of Co	orporation				
DOC	F08000004196 JMENT NUMBER:					
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:						
	Name of Contact Person					
	Firm/Company					
	Add	ress				
	City/State and Zip Code					
•	E-mail address: (to be used for for	uture annual report notification)				
For further information concerning this matter, please call:						
		at () Area Code & Daytime Telephone Number				
	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	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Flori on organized under the laws of the State or registered agent, or both, in the State	of DE		
	he corporation: DE BEERS DIAI		SHOW IN		
2. The principal office address: 551 MADISON AVENUE 1202 NEW YORK, NY 10022 TALEAUASSEL, THE DA					
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 09/25/200	Document number: F080	00004196		
5. The name and		istered agent and registered office on file	with the		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND RO	DAD			
	PLANTATION, FL 33324				
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered	office		
	Corporation Service Company				
	1201 Hays Street				
	P.O. Tallahassee	Box NOT acceptable FL . 32301	_		
The street addre as changed will	ss of its registered office and th	e street address of the business office o	— f its registered agent,		
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so		
Signatur	e of an officer or director	SIDULE PORTA	J-DEGOVE MANAGY DIRECTOR EURO		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm Cosporatio By:	the appointment as registered a o comply with the provisions of my duties, and I am familiar wi	igent and agree to act in this capacity. All statutes relative to the proper and of the and accept the obligation of my posity to reflect a change in the registered of the change.	complete Sion as registered		
lf signing on bel	nalf of an entity:				
Courtner	jed 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)