## CO4000002829

| (Requestor's Name)                      |
|---|
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W4-2889

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |                                  |  |  |  |
|--|---|----------------------------------|--|--|--|
| SUBJECT: Florida Denim & Diame of (Name of   | onds, L.L.C. f Limited Liability Company)   |                                  |  |  |  |
| Dear Sir or Madam:   |   |                                  |  |  |  |
| The enclosed Registered Agent/Registered   | Office Change and fee(s) are submitted for filing.  |                                  |  |  |  |
| Please return all correspondence concerning  | g this matter to the following:   |                                  |  |  |  |
| Marla R. Mayster, Paralegal  |   |                                  |  |  |  |
| (Name of Person)   | ,   |                                  |  |  |  |
| c/o Hodgson Russ LLP (Firm/Company)  | ZOOG D<br>SECR<br>TALLA   | Series.                          |  |  |  |
| 1801 N. Military Trail, Suite 200  | SECRETARY OF STATE FLURID.  |                                  |  |  |  |
| (Address)  | OF S  |                                  |  |  |  |
| Boca Raton, FL 33431 (City/State and Zip Code)   | ORIO.   | 7                                |  |  |  |
| For further information concerning this mat  | tter, please call:  |                                  |  |  |  |
| Marla R. Mayster (Name of Person)  | at (561 ) 862-4126  (Area Code & Daytime Telephone Num  | nber)                            |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |                                  |  |  |  |
| Enclosed is a check for the following  | ing amount:   |                                  |  |  |  |
| <b>✓</b> \$25 Filing Fee   | \$55 Filing Fee & Certified Copy  | \$55 Filing Fee & Certified Copy |  |  |  |

INHS18 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limit  | ed liability company i   | is: <u>Florida De</u>   | enim & Diamonds, L.L   | C.  |   |                                      |
|---|--|---|--|---|---|--------------------------------------|
| 2. The mailing address of   | of the limited liability   | company is:   |  | <u></u>   |   |                                      |
| 8190 Muirhead Circle,   | Boynton Beach, FL  | 33437   |  |   |   | 4                                    |
| 01/06/2004  |  |   | L04000002829   |   |   |                                      |
| 3. Date of filing/registra  | tion in Florida  | -c ·  | 4. Document numb   | per   | _   | <u> </u>                             |
| 5. The name of the regist Florida Department of   |  | gistered office   | address as shown or  | the records   | of the  | r                                    |
|   | Gayle Lionelli   |   |  | •   |   |                                      |
|   | 8190 Muirhead (  |   |  |   | 3   |                                      |
|   | Boynton Beach,   | Address<br>FL 33437<br>y, State and Z                                   | ip   |   |   |                                      |
| 6. The name and address   | of the new registered  | agent and/or  | office:  |   |   |                                      |
| If the limited liability cor<br>confirmed that after the c<br>and the business office of  | npany is not organize<br>hange or changes are<br>f the registered agent  | FL 334 State and Zip d under the la made, the Flo will be identic       | NOT acceptable) 31 ws of the State of Florida street address of  | the register  | red offi<br>imited                                |                                      |
| liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)                          | nited liability companing of the limited liabil  | ny or as othervity company.   | was/were authorized wise provided in the a   | by an aftirm<br>articles of or  | native v<br>rganiza                               | ote<br>tion                          |
| Gayle Lionelli, Membe   |  |   |  | ·   |   |                                      |
| I hereby accept the appo<br>comply with the provision<br>and I am familiar with an<br>Chapter 608, F.S. Or, if<br>address, I hereby confirm | intment as registered as of all statutes relating the obligation of the control o | agent and agive to the proposes of my posing filed to mere lity company | ree to act in this cape<br>er and complete per<br>the complete ger<br>ly reflect a change in<br>has been notified in v | icity. I furth<br>formance of<br>ent as provi<br>i the registe<br>vriting of th | her agr<br>my du<br>ded for<br>red off<br>is chan | ree to<br>ties,<br>in<br>ice<br>ige. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00