Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

: (561)694-1639 Fax Number

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Email Address:_

LLC REGISTERED AGENT CHANGE THE BORDER BY DFASS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CARTER

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

I. Name of the limited liability company: THE BORDER BY DFASS, LLC								
2.	(a)	555 NE 185 STREET	(1	, 555	NE	185 STREET		
	\- /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liabilit	y compan <u>.</u> CE BOX)	y:
		SUITE 101		SUIT	Œ	101		
		MIAMI, FL 33179		MIAI	VII,	FL 33179		
		10/03/2012		L1200	001	26085		
3.		Date of filing/registration in Florida	4.			Document number		
5.	(a)	M&M RA Services, LLC						
J,	(11)	Registered Agent and Registered Office shown on the records 3001 SW 3 Avenue	of the Florid	a Dept. of	f Sta	ite:		
		Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES	દ્ય		_		
		Miami	FL_33129			_		
	(b)	Corporate Creations Network Inc.			•	•	14	TAL SE
	(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	ldress:		_	AON	Z C C C C C C C C C C C C C C C C C C C
		11380 Prosperity Farms Road #221E					124	TARN HASS
		NEW Registered Office Address:		•			A	
						_	<u>ö</u>	FE'S
		Palm Beach Gardens	FL_33410)			53	TATE ORIDA
the age wa	cha ent w/w/	imited liability company is not organized under the unge or change, are made, the Florida street address of the identical Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the op	s of the regi d liability c rs of the lin the limited	istered c ompany nited lia liability	offic y, it bili y co	ce and the business office of is hereby confirmed that the ity company or as otherwise mpany.	the regi	stered
L			<u>Kri</u>	stine [)ur	an, Attorney-in-Fact		 -
		tup of a member or authorized representative of a member		a to aloto		Printed or typed name of signer		44.44
prothe to	nerei ovisi obl	by accept the appointment as registered agent and it is a complete of my position as registered agent as provided in the proper and complete of my position as registered agent as provided in the registered office address.	agree to ac ele perform ided for in , I hereby c	a in inis ance of Chapter confirm	cal my 60 thai	pacity. I further agree to co duties, and I am familiar w)5, F.S. Or, if this document t the limited liability compar	mply will tis heing ny has b	n ine accept filed een
<i>"</i> C	117120	Kristine Duran,		_				
		Division of Corporations • P.C. FILING	D. Box 632 G FEE: \$25		aha	ssee, FL 32314		