

L14000061270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

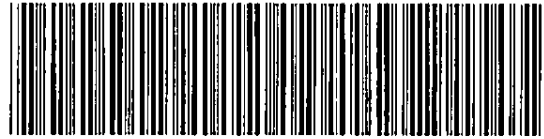
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAJAS COLOMBIANAS LLC REGISTERED AGENT NAME CHANGE
Name of 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 this matter to the following:

CESAR AUGUSTO SAIZ DIAZ

Name of Person

FAJAS COLOMBIANAS LLC

Firm/Company

3092 SW 165TH AVE

Address

MIRAMAR, FL 33027

City/State and Zip Code

jpangelb@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CESAR AUGUSTO SAIZ DIAZ

Name of Person

at (786) 326-0002

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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.

1. Name of the limited liability company: FAJAS COLOMBIANAS LLC

2. (a) 3092 SW 165TH AVE, MIRAMAR FL 33027 (b) 3092 SW 165TH AVE, MIRAMAR FL 33027
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 04/15/2014 4. L14000061270
 Date of filing/registration in Florida Document number

5. (a) FINESSE FINANCIAL FREEDOM LLC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

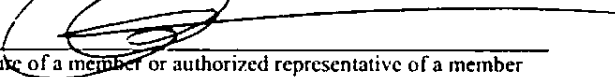
FINESSE FINANCIAL FREEDOM LLC
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
5930 THOMAS STREET SUITE 400, HOLLYWOOD FL 33021
HOLLYWOOD, FL 33021

(b) CESAR AUGUSTO SAIZ DIAZ
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

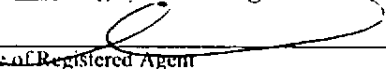
CESAR AUGUSTO SAIZ DIAZ
NEW Registered Office Address:
3092 SW 165TH AVE
MIRAMAR, FL 33027

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member
CESAR AUGUSTO SAIZ DIAZ Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 Signature of Registered Agent