L14000133298

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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

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TALLAHASSEE, FLORIDA
15 APR 20 PM 12:21

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LLC REGISTERED AGENT CHANGE
BONNIEUX HOLDINGS LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONNIEUX HOLDINGS LLC
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:

CRISTIANE P. R. VALLE
Name of Person

BONNIEUX HOLDINGS LLC
Firm/Company

R. CINTRELA, 63 AP 51
Address

SÃO PAULO-SP 01455-050
City/State and Zip Code

CRVALLE@UOL.COM.BR
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIANE P.R.VALLE at (55 11) 99637 7517
Name of Person Area Code & Daytime Telephone Number

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 amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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: BONNIEUX HOLDINGS LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*
1001 BRICKELL BAY DRIVE , SUITE 2306
MIAMI, FL 33131

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*
1001 BRICKELL BAY DRIVE , SUITE 2306
MIAMI, FL 33131

3. 08/25/2014 Date of filing/registration in Florida

4. L14000133298 Document number

5. (a) AMICORP FIDUCIARY SERVICES LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1001 BRICKELL BAY DRIVE , SUITE 2306
MIAMI, FL 33131

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 20 PM 12:21

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 member or authorized representative of a member

CRISTIANE P MACEDO DE VALLE
Printed or typed name of signee

FLAVIO TAJARES VALADAO

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.

C T Corporation System
By: Jennifer Vincent
Signature of Registered Agent
Vice-President & Assistant Secretary

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

INH518 (2/14)