

P14 0000 58 190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300262245163

300262245163  
07/28/14--01014--015 \*\*35.00

FILED  
14 JUL 28 PM 7:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

C.M.  
8-8-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOOM LUXURY LINENS INC  
Name of Corporation

**DOCUMENT NUMBER:** 91400050190

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:

LORI PRISTO  
Name of Contact Person

Firm/Company

515 N. ANDREWS AVE  
Address

FT. LAUDERDALE FL 33301  
City/State and Zip Code

lori@alamev.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI PRISTO at ( 954 ) 525 3205  
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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 28 PM 7:08

**FILED**

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: LOOM LUXURY LINENS INC
- 2. The principal office address: 515 N. ANDREWS AVENUE  
FA. LAUDERDALE FL 33301
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P14 000050190
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SPIEGEL & UTRERA, PA  
1840 SW 22ND ST  
4TH FLOOR  
MIAMI, FL 33145

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LORI PRISTO  
515 N. ANDREWS AVE.  
P.O. Box NOT acceptable  
FA. LAUDERDALE FL 33301

FILED  
14 JUL 28 PM 7:08  
STATE  
TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

LORI PRISTO VICE PRES.  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

7/22/14  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*