

P98000092869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

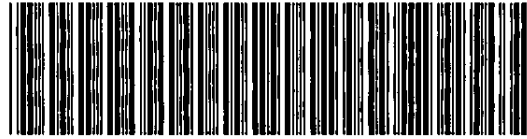
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. Lewis  
10-28-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Jewelry Collection Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P98000092869

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:

Craig Blank  
Name of Contact Person

The Jewelry Collection Inc.  
Firm/Company

1861 Eagle Trace Blvd. W.  
Address

Coral Springs, FL 33071  
City/State and Zip Code

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

For further information concerning this matter, please call:

Craig Blank at (305) 987-4381  
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

**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: The Jewelry Collection Inc.
2. The principal office address: 1861 Eagle Trace Blvd. W. Coral Springs, FL 33071
3. The mailing address (if different): P.O. Box 612502 North Miami Beach, FL 33261
4. Date of incorporation/qualification: 11/02/1998 Document number: P98000092869
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)

NRAI SERVICES, INC.  
1200 South Pine Island Rd.  
Plantation, FL 33324

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

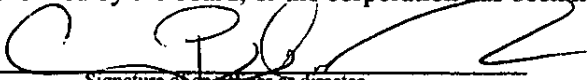
Craig Blank  
1861 Eagle Trace Blvd. W.  
Coral Springs, FL 33071

P.O. Box NOT acceptable

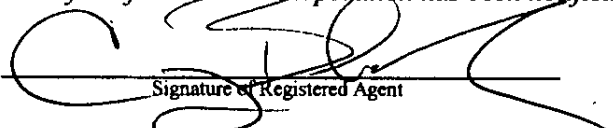
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 CRAIG BLANK DP  
Signature of an officer or director 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.*

 10/14/2014  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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