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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: GREENSPOON MARDER, P.A. Account Name

Account Number: 076064003722 : (888)491-1120 Phone

Fax Number : (954)343-6962

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

LLC REGISTERED AGENT CHANGE NATALIE JEWELRY ACAPULCO, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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Corporate Filing Menu

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J. SAULSBERRY EXAMINER

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7/1/2013

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| | • | COVER LETTER | |
|-------------|--|---|---------------|
| | Registration Section Division of Corporations | | |
| SUBJE | CT. NATALIE JEWELR | Y ACAPULCO, LLC | |
| DODGE. | | f Limited Liability Company | |
| Dear Sir | or Madam: | | |
| The enc | losed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | |
| Please re | eturn all correspondence concerning | ng this matter to the following: | |
| Mich | nael Ducker | | |
| | Name of Person | | |
| Gold | len Opportunities | | 2013 J |
| | Firm/Company | | ۳. |
| 400- | A Ansin Blvd. | | - |
| | Address | | 民 |
| Halla | andale, FL 33009 | ORIO A | æ: <u>1</u> 0 |
| | City/State and Zip Code | | |
| | cker@goldenoppus | | |
| | ail address: (to be used for future annual report | | |
| For furt | ner information concerning this ma | atter, please call: | |
| Mich | nael Ducker | at (954) 333-8601 ext. 112 | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| I (2 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| 1 | Enclosed is a check for the follow | ving amount: | |
| Ę | ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | |

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

| liat | ilil | ant to the provisions of sections 608.416 or 608. Ty company submits the following statement in ord or both, in the State of Florida. | 508, Florida Statutes, the unde der to change its registered offic | rsigned limited se or registered | | |
|--------------------------------------|-----------------------------------|---|---|---|--|--|
| 1. 1 | Naı | me of the limited liability company: NATALIE JEWELRY | ACAPULCO, LLC | | | |
| 2. (| (a) | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | ny: 400-A Ansin Blvd. Hallandale Beach, FL 33009 | | | |
| l | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 400-A Ansin Blvd. Hallandsle Beach, FL 33009 | | | |
| 08/1 | 2/201 | 10 | L100000B4406 | | | |
| 3, 1 | Dat | te of filing/registration in Florida | 4. Document number | | | |
| 5. | (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | |
| | | Registered Agent: | John Grarante, ill | | | |
| | | Registered Office Address: | 25 W.Fingler Stree #800 Miami, FL 33130 | 200 E | | |
| | | | | | | |
| (| (b) | Enter name of NEW Registered Agent and/or NE | W Registered Office address: | I ORINI JANIS I SO II | | |
| | | NEW Registered Agent: | Greenspoon Marder, P.A. | <u>5</u> 7 | | |
| | | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 100 W. Cypress Creek Road Sulta 700 | | | |
| | | | Fort Lauderdale | FL 33309 | | |
| con and liab the the | firr the ility me opt | imited liability company is not organized under the ned that after the change or changes are made, the le business office of the registered agent will be idently company, it is hereby confirmed that the change(sumbers of the limited liability company or as otherwesting agreement of the limited liability company. | Florida street address of the regis atical. Or, in the case of a Florida s) was/were authorized by an affi | stered office a limited irmative vote of | | |
| Ellen | Gilm | nore, Esq. | _ | | | |
| I he com com and Cha add | erei Inly I a Ipte | by accept the appointment as registered agent and with the provisions of all statutes relative to the pinn familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to me the provision of the company of the familiar with the limited liability company of Registered Reent | agree to act in this capacity. I fi roper and complete performance osition as registered agent as erely reflect a change in the regi ny has been notified in writing of | urther agree to e of my duties, ovided for in istered office this change. | | |

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