Page 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Fax Number : (850) 617-6383

From:

Account Name : FOLEY & LARDNER Account Number: 119980000047 : (407)423-7656 Fax Number : (407)648-1743

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

JKilman@foley.com Email Address:

LLC REGISTERED AGENT CHANGE PLATINUM SUCCESS, LLC

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C. CARROTHERS

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

H14000118002

Pursuant to the provisions of sections 507.0502, 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.
J. The name of the corporation; Platinum Success, LLC
2. The principal office address: 20533 Biscayne BNd., #759, Aventura, FL 33180
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/08/2010 Document number: L10000025963
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)
Pulido, Carlos Hmgr
20533 Biscayne Blvd., #759
Aventura, FL 33180
6. The name and street address of the new registered agent (if changed) and for registered office:
F&L Corp.
One Independent Drive, Suite 1300
P.O. Rox NOT seceptable
Jacksonville, FL 32202-5017
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 of the corporation has been notified in writing of the change.
Sounder Koran CEO
I hereby accept the appointment as registered agent and aguse to act in this capacity, I jurtiler 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 affects. I hereby confirm that the corporation has been notified in writing of this change.
If signing on behalf of an entity:
M. Oka by Fth Care Theoret Printed Name
Michael A. Okaty, Authorized Agent *** FILING PEE: \$35.00 ***
Ad a Will Charles on the Day of the Charles of Charles on Control of the Charles

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E(45 (03/12)