|   | AVE SUITE 105<br>CH, FL 33139 US                                      |                       |   |            |
|---|---|-----------------------|---|------------|
| FEI Number: 04-3679560<br>Name and Address of Current Registered Agent: |   |                       | Certificate of Status Desired: No         |            |
| KIRBY, CARIN<br>1935 WEST AV<br>SUITE 105<br>MIAMI BEACH,               |   |                       |   |            |
| The above named   | l entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the State of Flo | orida.     |
| SIGNATURE: CARIN KIRBY  |   |                       |   | 00/04/0040 |
|   |   |                       |   | 03/21/2018 |
|   | Electronic Signature of Registered Agent                              |                       |   | Date       |
| Officer/Dire  |   |                       |   |            |
| Officer/Dire  |   | Title                 | VP  |            |
|   | ctor Detail :   | Title<br>Name         | VP<br>AMSEL, ROBERT                       |            |
| Title   | ctor Detail :<br>PS   |                       |   |            |

## Entity Name: CONSIGN OF THE TIMES, INC. **Current Principal Place of Business:**

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

6931 RED ROAD CORAL GABLES, FL 33143

DOCUMENT# P02000063394

## **Current Mailing Address:**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARIN KIRBY

PRESIDENT

03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Mar 21, 2018 **Secretary of State** CC1870525741