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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6363

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

**REGISTERED AGENT CHANGE
FINLAY INTERESTS 37, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED
18 OCT -6 AM 12:50
TALLAHASSEE, FLORIDA

17:11:14V 5-1000102
2018 OCT -5 AM 11:14

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. FINLAY INTERESTS 37, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/11/2001 3. A01000001225
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

FINLAY HOLDINGS, INC.

Name

1102 A1A N, Suite 206

Address

Ponte Vedra Beach, FL 32082

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporate Creations Network Inc.

Name

11380 Prosperity Farms Road #221E

Florida street address (P.O. Box not acceptable)

Palm Beach Gardens FL 33410

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Caitlin Lazarus, Attorney-in-Fact

Signature of General Partner

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 obligations of my position as registered agent.

Caitlin Lazarus, Special Secretary

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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STATE
TALLAHASSEE, FLORIDA