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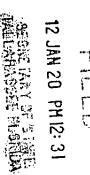
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RAChange Newis 1-23-12

TO: Amendment Section Division of Corporations
SUBJECT: Rare Coin It Holdings Inc. Name of Corporation
DOCUMENT NUMBER: F0900005002
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:
Jul Hochberg (President) Name of Contact Person
Rare Coin It Holdings Inc.
Firm/Company
317 Ocean Blvd
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanelle Camara at 305 932-7713 Name of Contact Person Area Code & Daytime Telephone Number
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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2012

JOE HOCHBERG RARE COIN-IT HOLDINGS, INC. 317 OCEAN BLVD. GOLDEN BEACH, FL 33160

SUBJECT: RARE COIN-IT HOLDINGS, INC.

Ref. Number: F0900005002

We have received your document for RARE COIN-IT HOLDINGS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 912A00000344

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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 <u>Navada</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Rare (Din It Holdings, Inc.
2. The principal office address: 317 Ocean Blvd
Golden Beach, FL 33160
3. The mailing address (if different):
· · · · · · · · · · · · · · · · · · ·
4. Date of incorporation/qualification: 12 15 2009 Document number: F09000005002
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)
SISE Park Avenue == 8 8 =
Tallahassee FL, 32301.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jul Hochberg do Rare Coin It Holdings Inc.
317 Dung Blyd
P.O. Box NOT acceptable
(oolden Blach, FL 33160
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.
Joel Hochberg (Prevident) Signature of an officer or discertor 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.
Juffrell 1/10/2012
Signature of Registered Agent Date
If signing on behalf of an entity:
Joel Hochberg Typed or Printed Name
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* * * FILING FEE: \$35.00 * * *