000001249 St. Rose Miami 2980 NW 74th Avenue Miami, Fl 33122 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Mail out Will wait ☐ Photocopy Certificate of Status s NEW FILINGS **AMENDMENTS** ☐ Profit Amendment ■ Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report □ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

Amaraflor International, LLC 2980 NW 74th Ave

2980 NW 74th Ave Miami, FL 33122 Tel: 305-436-0304

Dear Lee

Enclosed is the completed form for change of registered agent. Please apply the filing fee submitted with the initial application, and return the difference in our favor to the address above.

Thank you in advance for your assistance.

Sincerely,

David Knepper

DIVISION OF CORPORATIONS
DIVISION OF 16 AM 10: 49



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 8, 2001

ST. ROSE MIAMI 2980 NW 74TH AVENUE MIAMI, FL 33122

SUBJECT: AMARAFLOR INTERNATIONAL, LLC

Ref. Number: L00000012498

We have received your document for AMARAFLOR INTERNATIONAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The form you used is not for an LLC, so we are enclosing a blank LLC form for your use.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 901A00056004

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the state of Northa.
1. The name of the limited liability company is: AMARAFLOR INTL, LLC
2. The mailing address of the limited liability company is: 2980 NW 74-11 Ave
MAMI, FL 33122
10/16/2000 L000000 12498
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name Name
1201 HAYS ST. Address
TALLAHASSEE FL 32301-2525
City, State and Zip 6. The name and address of the new registered agent and/or office: Compass Rose Comp Name Name Florida street address (P.O. Box NOT acceptable)
COMPASS ROSE CORP 50
2480 NW Name P 95
Florida street address (P.O. Box NOT acceptable)
Name Name Name Florida street address (P.O. Box NOT acceptable)
City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
David KNEPREZ, COO
(Printed or typed name of signee)
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 as provided for in Chapter 608, Fl.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hareby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00