L01000008339

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE

J. BRYAN

APR 14 2009

EXAMINER

. COVER LETTER

| | egistration Section vision of Corporations | | | |
|---|--|---|---------------------------------------|--|
| SUBJEC | T: Sara AS | parel LLC Liability Company | _ | |
| Dear Sir o | or Madam: | | | |
| The enclo | sed Registered Agent/Registered Office C | hange and fee(s) are submitted for filing. | | |
| Please ret | urn all correspondence concerning this ma | tter to the following: | | |
| | ffany inartinez Name of Person | | | |
| Sano | der Travis & Rosenber Firm/Company | A. A. A. | , , , , , , , , , , , , , , , , , , , | |
| Sander Travis & Rosenberg A.A. Firm/Company 1000 N. W. 57 Court, Suite 600 Address | | | | |
| <u></u> | City/State and Zip Code | <u> </u> | | |
| +mail | address: (to be used for future annual report notification | 0) 0) | | |
| For furthe | er information concerning this matter, plea | se call: | | |
| Tif | fany Martinez at (3) | Area Code & Daytime Telephone Number | <u>.</u> | |
| Re Di CI 26 | rretr/courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| E | nclosed is a check for the following amo | unt: | | |
| \boxtimes | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | |

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.

| , , , , , , , , , , , , , , , , , , , | | | | |
|---|--|--|--|--|
| 1. Name of the limited liability company: | x Apparel LLC | | | |
| 2. (a) Principal office address of limited liability compan | y: 1850 N.W. 84 Asansa | | | |
| (Note: MUST BE STREET ADDRESS) | Site 105 FL 33126 | | | |
| (b) Mailing address of limited liability company: | 1850 N.W.84 ADanse | | | |
| (Note: MAY BE POST OFFICE BOX) | Soite 105 micmi FL 33126 | | | |
| 512412001 | L01000008339 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | |
| Registered Agent: | Leonard L. Rosenberg Esq | | | |
| Registered Office Address: | 5200 Blor Lagoon Drive | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> | Leonard L. Rosenberg Es. 1000 N. W. 57 Court | | | |
| (MUST BE FLORIDA STREET ADDRESS) | 5)70 600 Miami ,FL 33126 | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fand the business office of the registered agent will be identiability company, it is hereby confirmed that the change(sof the members of the limited liability company or as other the) operating agreement of the limited liability company. Signature of a member or authorized representative of a member of the limited liability company or as other the limited liability company. Printed or typed name of signee I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the province of the limited liability company. I hereby confirm that the limited liability company. Signature of Registered Agent | Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization. | | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00