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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATE CREATIONS INTERNATIONAL Account Number : 110432003053 Phone : (561)694-8107 : {561}694-1639 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 🙃 Email Address:_ The state of the s

LLC REGISTERED AGENT CHANGE FINLAY INTERESTS GP 18, LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:	FINLAY INTEREST	S GP 18, LLC
4400 A4A NODTH STE 206	(b)	1102 A1A NORTH, STE 206
2. (a) Principal office address of limited liabili (Note: MUST BE STREET ADD	ty company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
PONTE VEDRA BEACH, FL	32082 F	PONTE VEDRA BEACH, FL 32082
02/19/2002		L02000003952
3. Date of filing/registration in Fl	orida 4.	Document number
5. (a) FINLAY GP HOLDINGS, Registered Agent and Registered Office shown of 1102 A1A NORTH, STE 206	LTD, on the records of the Florida Dep	n. of State:
Registered Office Address MUST BE FLO	RIDA STREET ADDRESSI	
PONTE VEDRA BEACH		SEP 12 W 9.0
(b) Corporate Creations Network Inc		
Enter name of <u>NEW Registered Agent</u> and/or;	NEW Registered Office address	چ کی این کا ا
11380 Prosperity Farms Road #	221E	- 1 € C
NEW Registered Office Address:		,
Palm Beach Gardens	, FL 33410	
	rect address of the registere	STATURE AND THE HUNDIESS UITIED UITUD TEXISTERU
	Caitlin	Lazarus, Attorney-in-Fact
Signature of a member or authorized representative of	u tsember	Printed or typed name of signee
I hereby accept the appointment as registered provisions of all stations relative to the proper the obligations of my position as registered ag to merely reflected change in the registered off notified in writing of this change.	agent and agree to act in to and complete performance ent as provided for in Chap ice address, I hereby confi	this capacity. I further agree to comply with the c of my duties, and I am familiar with and accept per 605, F.S. Or, if this document is being filed rm that the limited hability company has been
Signature of Registered Agent	arus, opeciai decrete	ı y
Division of Corpor	ations • P.O. Box 6327 • 1 FILING FEE: \$25.00	fallahassee, Ft. 32314
INH\$18 (2/14)	113111011111111111111111111111111111111	