

Division of Corporations

Page 1 of 1

**L04000045954**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**LLC REGISTERED AGENT CHANGE  
SHOES FOR CREWS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. Lewis  
11-17-14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shoes for Crows, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Johnson

\_\_\_\_\_  
Name of Person

Shoes For Crows, LLC

\_\_\_\_\_  
Firm/Company

250 South Australian Avenue

\_\_\_\_\_  
Address

West Palm Beach, FL 33401

\_\_\_\_\_  
City/State and Zip Code

monica@shoesfor crows.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C T Corporation System

800

432-3434

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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DIVISION OF CORPORATIONS

**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: Shoes For Crews, LLC
2. (a) 250 South Australian Avenue  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
West Palm Beach, FL 33401
- (b) 250 South Australian Avenue  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
West Palm Beach, FL 33401
- 6/18/2004 L04000045954
3. 6/18/2004 Date of filing/registration in Florida 4. L04000045954 Document number
5. (a) Norris David B  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7122 U.S. Highway One, Suite 400, North Palm Beach FL 33401  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
250 South Australian Avenue  
West Palm Beach, FL 33401
- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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.

11/12/14  
Signature of a member or authorized representative of a member

Alex KRAMACHUK VP of FINANCE  
Printed or typed name of signer

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 605, F.S. Or, if this document is being filed to merely effect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System  
Signature of Registered Agent

**Angel Nunez**  
**Assistant Secretary**

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

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DIVISION OF CORPORATIONS  
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