

2007 LIMITED LIABILITY COMPANY

DOCUMENT # L05000082743 1. Entity Name BETSY ROSS INVESTORS, LLC					
Principal Place of Business 1841 BROADWAY, SUITE 1009 NEW YORK, NY 10023			Mailing Address 1841 BROADWAY, SUITE 1009 NEW YORK, NY 10023		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent Name NRAT Services, Inc Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite 4 City Weston				FL Zip Code 33331	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Mary Paris</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBS, WILLIAM 41 DRAKE ROAD SCARSDALE, NY 10583	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <u><i>William Jacobs</i></u> WILLIAM JACOBS				Date <u><i>9/18/07</i></u> 286 206 5580	

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155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 09-19-07

NAME: BESTY ROSS INVESTORS, LLC

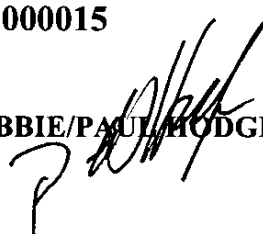
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COST: \$50

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AUTHORIZATION: ABBIE/PAUL HODGE



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