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SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: Riteflowers.com, LLC		
(Name of Li	mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
	mes change and roots) are businessed for iming.	
Please return all correspondence concerning the	his matter to the following:	
·		
Linda C. Kerr (Name of Person)		
(Name of Felson)		
Genauer & Associates, P.A.	Ħ	
(Firm/Company)	SECKETAR ALLAHASS	
	AR AY	
9400 South Dadeland Blvd., Suite 600	SK 2	
(Address)		
	AH 11: 5: E. FLORIC	
Miami, FL 33156	AH II: 59 SEE, FLORIDA	
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
Linda C. Kerr	at (786) 363-4001	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Talialiassee, Florida 32514	
Enclosed is a check for the following	amount:	
<u>_</u>		
\$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.

agein, or som, in the state of I for that.	
1. The name of the limited liability company is: RiteFlowers.com, LLC	<u></u>
2. The mailing address of the limited liability company is : 2711 Centerville Road, Suite 40)0
Wilmington, DE 19808	
Wildington, DD 17000	<u> </u>
December 21, 2006 L06000007070	
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:	ıe
Alhambra Registered Agents, Inc. Name	
2 Alhambra Plaza, Suite 1202, Address	Marian.
Coral Gables, Florida 33134	
	Mana Mana
6. The name and address of the new registered agent and/or office: GenLaw Registered Agents, Inc. Name 0400 South Doddland Plvd. Suite 600	11
GenLaw Registered Agents, Inc.	
Name 55	
9400 South Daderand Bivd., Suite 600	
Florida street address (P.O. Box NOT acceptable)	
Miami FL 33156	
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 of 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 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.	ffice d vote
(Signature of a member or authorized representative of a member)	
Martin J. Genauer, Authorized Representative (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent as provided for the chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered address. I hereby confirm that the limited liability company has been notified in writing of this chapter for the chapter of the ch	gree to luties, or in office inge.
(Signature of Registered Agent)	

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