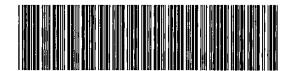
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SECRETARY OF STATE
OIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sharp Capital Partners LLC (Name of Limite	ed 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 r	matter to the following:	
Andrew Braverman		
(Name of Person)		
(Firm/Company)		
4521 PGA Blvd #106		
(Address)		
Palm Beach Gardens, FL 33418		
(City/State and Zip Code)		
For further information concerning this matter, pl	ease call:	
Douglas Fathers at (646) 675-6286	
(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 an	nount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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. The name of the limi	ted liability company is	Sharp Capital Partners LLC	_	
2. The mailing address	of the limited liability c	ompany is : 9014 Alister Blvd E,	101	
Palm Beach Gardens FL	33418			
6/23/2006		L06000063713		
3. Date of filing/registra	ation in Florida	4. Document nun	nber	
5. The name of the regis Florida Department o		stered office address as shown of	on the records of the	
•	Brian Rusywick			
		Name		
753 34TH AVENUE NORTH				
Address				
	ST PETERSBURG FL	33704		
	City	, State and Zip		
6. The name and address	s of the new registered a	agent and/or office:		
	Tempus Group LLC			
		Name		
	4521 PGA Blvd #106			
	Florida street addres	ss (P.O. Box NOT acceptable)		
	Palm Beach Gardens	FL 33418		
	City,	State and Zip		
confirmed that after the and the business office cliability company, it is h	change or changes are reaf the registered agent was rereby confirmed that the imited liability companyent of the limited liability.		of the registered office of a Florida limited d by an affirmative vote	
Andrew Braverman				
(Printed or typed name of signe	•			
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, FIS, 102, address, I hereby confin	ointment as registered ons of all statutes relatively accept the obligation Phis document is being that that the limited liabil	agent and agree to act in this ca we to the proper and complete p ns of my position as registered a filed to merely reflect a change ity company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.	
(Signature Registered Agent)		DIVISI 06 N	
, Divis	•	.O. Box 6327, Tallahassee, FL NG FEE: \$25.00	O OH	

INHS18 (8/05)