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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE FLORID.



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KRUSH APT (Name of Lim	PAREL, LLC nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this  Maria Stefan  (Name of Person)  KRUSH Apparel,  (Firm/Company)  1001 U.S. Highway O,  (Address)  Japaker, H. 3347  (City/State and Zip Code)	OT APR 16 PM 2: 10  SECRETARY OF STATE FALL AHASSEE PLORID  Me. Ste. 100
For further information concerning this matter,  Maria Strafan  (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following a	(Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2007

MARIA STEFAN 1001 U.S. HIGHWAY ONE, STE. 100 JUPITER, FL 33477

SUBJECT: KRUSH APPAREL LLC

Ref. Number: L06000065522

We have received your document for KRUSH APPAREL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 507A00021136

## 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. KRUSH APPAREL. 1. The name of the limited liability company is: 2. The mailing address of the limited liability company is: 1001 M 0 60 000 653 JUNE 28, 2006 3. Date of filing/registration in Florida 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: CA TIVU. 6. The name and address of the new registered agent and/or office: street address (P.O. Box NOT 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 as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member) 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

INHS18 (8/05)

(Signature of Registered Agent