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DEPART OF CORPORATIONS
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B. KOHR

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EXAMINED

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 limit	ted liability company	is: SUGAR DAD	DY, LLC		
2. The mailing address	of the limited liability	y company is : <u>44</u>	4 BRICKELL AVE.		
SUITE 900, MIAMI FL 3313	31				
07/21/2006			L06000072779		
			Document number		
5. The name of the regis		egistered office a	ıddress as shown (on the records of the	
Tioriaa Doparanon	SEIDEN, ALDER & N	MATTHEWMAN, I	?.A.		
		Name			
2300 GLADES ROAD SUITE 340W					
Address					
BOCA RATON FL 33431 US City, State and Zip		AL OF			
6. The name and address	s of the new registere	d agent and/or or	ffice:	≥ · ω =	
BOCA RATON FL 33431 US City, State and Zip 6. The name and address of the new registered agent and/or office: CT Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable)				ED	
Name ,					
	1200 South Pine Island Road				
	Florida street address (P.O. Box NOT acceptable)			D	
	Plantation	FL	33324		
City, State and Zip					
or the operating agreem	change or changes are of the registered agen tereby confirmed that imited liability comp	re made, the Flor. t will be identica the change(s) w any or as otherwith ility company.	ida street address d. Or, in the case as/were authorize	of the registered office of a Florida limited	
Anthony LiCausi, Attorney in					
and I am familiar with a Chapter 608 F.S. Or, is address, Hipreby confirming. By: WWW.Y. T.	ointment as registere ons of all statutes rela ind accept the obliga I this document is bei Withfut the limited lian in button System	tions of my positing filed to merel bility company h Ant h	ion as registered d y reflect a change as been notified ir iony LiCausi	spacity. I further agree to erformance of my duties, agent as provided for in In the registered office In writing of this change.	
(Signature of Registered Agent)	'VIC	e President		

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