

L0600008363/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/12/12--01001--002 **55.00

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12 MAR -9 PM 1:40
OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 MAR -9 AM 8:57
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DIVISION OF CORPORATIONS

MAR 12 2012
T. HAMPTON

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 03/07/12

REF. #: 000589.162822

CORP. NAME: OPPORTUNITY SHOES LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT | | |

STATE FEES PREPAID WITH CHECK# 543578 **FOR \$** 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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. Name of the limited liability company: **OPPORTUNITY SHOES LLC**

2. (a) Principal office address of limited liability company:

**1000 5th Street, Suite 200
Miami Beach, FL 33139**

(b) Mailing address of limited liability company:

**One Gateway Center, Suite 2600
Newark, NJ 07102**

3. Date of filing/registration in Florida: **August 23, 2006**

4. Document number: **L06000083631**

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of
State:

Registered Agent: **Frizzell Kafafian Devries & Co, LLC**

Registered Office Address: **280 Newton Sparta Road
Newton, FL 07860 USA**

(b) Name of New Registered Agent and New Registered Office Address:

NEW Registered Agent: **NRAI Services, Inc.**

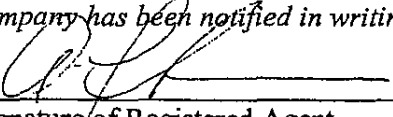
NEW Registered Office Address: **515 East Park Avenue
Tallahassee, FL 32301**

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 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 or as
otherwise provided in the articles of organization of the operating agreement of the limited
liability company.


Carlos Henrique Kray, Manager

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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 a registered agent as provided for in Chapter 608, F.S. Of 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.



Signature of Registered Agent

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