| (Re | equestor's Name) | | | | | |
|---|-------------------|-----------|--|--|--|--|
| (Address) | | | | | | |
| (Ac | ldress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nan | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



900261803169

07/03/14--01018--002 **25.00

R. WHITE

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|--|---------------------|---|--|--|
| SUBJE | | , | | | |
| | Nan | ne of Limited Lia | bility Company | | |
| Dear S | ir or Madam: | | | | |
| The en | closed Registered Agent/Registered Off | fice Change and f | ee(s) are submitted for filing. | | |
| Please | return all correspondence concerning th | is matter to the f | ollowing: | | |
| DANI | EL BENSIMON | | | | |
| | Name of Person | | _ | | |
| DOR | OT & BENSIMON PL | | | | |
| _ | Firm/Company | | | | |
| 2775 | SUNNY ISLES BLVD SUITE 118 | ; | | | |
| | Address | | _ | | |
| NORT | TH MIAMI BEACH, FL 33160 | | | | |
| | City/State and Zip Code | | _ | | |
| info@ | dorotbensimon.com | | | | |
| Е | -mail address: (to be used for future ann | nual report notific | eation) | | |
| For fur | ther information concerning this matter, | please call: | | | |
| Danie | l Bensimon | 561 | 218-4947 | | |
| | 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 | Reg Divi P.O. | ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314 | | |
| Enclosed is a check for the following amount: | | | | | |
| | ☑ \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | | |
| INHS18 | (2/14) | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N a | me of the limited liability company: MIRA CLOTH | HES, L | LC | | | |
|--|--|---|--|--|--|---------------------------------------|
| 2. (a) | 22355 GUADELOUPE STREET | (b) 22355 G | | SUADELOUPE STREET | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | <u></u> (| | _ | of limited liability oc BE POST OFFICE | |
| | BOCA RATON, FL 33433 | | BOCA R | ATON, FL | 33433 | |
| | November 29, 2007 | | L0700011 | 9139 | | |
| 3. 5. (a) | Date of filing/registration in Florida DAN BENSIMON | 4. | | Document n | umber | |
| 5. (a) | Registered Agent and Registered Office shown on the records of 7200 WEST CAMINO REAL Registered Office Address (MUST BE FLORIDA STREET) | | ·· | : | | |
| | SUITE 214 | | ···· | | ' S 32 | |
| | BOCA RATON ,FI | 33433 | } | | | |
| (b) | DANIEL BENSIMON Enter name of NEW Registered Agent and/or NEW Registered 2000 GLADES ROAD | Office a | <u>ldress</u> : | | Colored Services | |
| | NEW Registered Office Address: | | | | | జ |
| | SUITE 312 | | | | =2 | |
| | BOCA RATON , FL | 33431 | | | | - · |
| the cha agent w was/we the arti Signat I herel provisithe oblite to mere | mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of organization or the operating agreement of the work of a member or authorized representative of a member only accept the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address. I | the reg ability c of the lin limited Da | istered office ompany, it is nited liability liability com niel Bensir | and the busi hereby conf company or pany. non Printed or type | iness office of the firmed that the character as otherwise pro | e registered nange(s) ovided in |
| понунеа | I'm writing of this change. Anal Blown c of Registered Agent | | | | | |