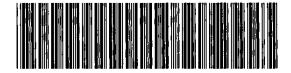
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(Requestor's Name)					
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B. BOSTICK

OCT 1 5 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	SUBJECT: Platinum Fundraising, LLC					
	Name of	Limited L	_iabil	lity Company		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office Ch	ange	e and fee(s) are subn	nitted for filing	g.
Please	e return all correspondence concernin	g this mat	ter to	the following:		
	Charles Mullins, MBR					
	Name of Person			_	AL.	だ
					ÄLLÄHÄSSEE! KLORIU	12 OCT 12 PM 3: 30
	Platinum Fundraising, LL	С			\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	{ 
	Firm/Company			_	$\mathcal{E}_{\mathcal{V}}$	8
						3
	4217 SW 64th Avenue				<u></u>	ယ္
	Address				<u> </u>	30
					<b>)</b>	
	Davie, Florida 33314					
	City/State and Zip Code			<del></del>		
— Е	Christy@PlatinumFundraisin -mail address: (to be used for future annual report	g.net notification)		<del>_</del>		
For fu	orther information concerning this ma	tter, please	e call	1:		
_	Christy Mullins	at (	954	) 252	2-6103	
	Name of Person	· · · · · · · · · · · · · · · · · · ·		Area Code & Daytime Te	lephone Number	
	STREET/COURIER ADDRESS:		M A	AILING ADDRESS:		
	Registration Section	Registration Section				
	Division of Corporations	Division of Corporations				
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle		Tal	lahassee, Florida 323	14	
	Tallahassee, Florida 32301					
	Enclosed is a check for the follow	ing amou	nt:			
	\$25 Filing Fee	Γ	\$5	55 Filing Fee & Cer	tified Copy	

## 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.

agent, or com, in the state of 1 for that.	
1. Name of the limited liability company:	Platinum Fundraising
2. (a) Principal office address of limited liability company	2: 4217 SW 64 Avenue
(Note: MUST BE STREET ADDRESS)	Davie, FLorida 33314
(b) Mailing address of limited liability company:	4217 SW 64 Avenue
(Note: MAY BE POST OFFICE BOX)	Davie, Florida
April 8, 2008	L08000035614
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	Charles Mullins
Registered Office Address:	4217 SW 64 Avenue 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u>	W Registered Office address:
NEW Registered Agent:	<del></del>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1212 East Broward Boulevard Suite 300 Fort Lauderdale ,FL33301
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Charles Mullins	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my pose Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Signature of Registered Agent	