LOSCOCOSTIII

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Oity/State/Zip/Fitorie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

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SECRETARY OF STATE

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COVER LETTER

Registration Section

Division of Corporations		
SUBJECT: North Experience Import + Export LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jennifer Todd (Name of Person)		
North Experience Import + Export LLC (Firm/Company)		
7501 E. Treasure Brive # 7N (Address)		
North Bay Village, Fl. 33141 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Jennifer Todd at (305) 867-1320 (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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified 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. company submits the following statement in order to clin the State of Florida. 	508, Florida Statutes, the undersigned limited liability nange its registered office or registered agent, or both,
1. Name of the limited liability company: 1001+6	Experience I port + Export LLC
2. (a) Principal office address of limited liability compa(Note: MUST BE STREET ADDRESS)	any: 7501 E Treasure Drive #7N North Bay Village FI 33141
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1 Same
3. Date of filing/registration in Florida	LO 8 000085411
•	4. Document number
5. (a) Registered Agent and Registered Office shown of	^ '.
Registered Agent:	Jennifer Todd
Registered Office Address:	3413 NW 444 St. #108 FORT LAUNERDALE FL 33309
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7501 E Treasure Drive # 71 North Bay Village ,FL 33141
(Signature of a member of authorized representative of a member) Printed or typed name of signee)	reet address of the registered office and the business case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited s of organization or the operating agreement of the
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby lied in writing of this change.
(Signature of Registered Agent)	SE SE
Division of Corporations, P.O. B FILING FI	ox 6327, Tallahassee, FL 32314 EE: \$25.00
INHS18 (05/08)	mo > M