

109000014074

Division of Corporations

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Florida Department of State
Division of Corporations
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Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
09 MAR 13 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

BLOOMING ORCHIDS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

D. BRUCE

MAR 16 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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**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.

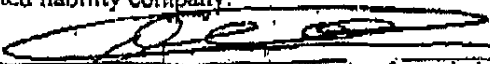
1. Name of the limited liability company: BLOOMING ORCHIDS LLC
2. (a) Principal office address of limited liability company: 9585 HARDING AVE
(Note: MUST BE STREET ADDRESS) SURFSIDE, FL 33154
- (b) Mailing address of limited liability company: SAME
(Note: MAY BE POST OFFICE BOX)

02-11-09 LD9000014074
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
- Registered Agent: RAFAEL ESPINOZA-SALAS
- Registered Office Address: 9585 HARDING AVE
SURFSIDE, FL 33154

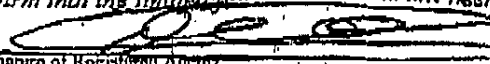
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: FEDERICO ELIAS
- NEW Registered Office Address: 9585 HARDING AVE
(MUST BE FLORIDA STREET ADDRESS) SURFSIDE FL 33154

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 are 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 or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

FEDERICO ELIAS
(Printed or typed name of signer)

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 registered agent as provided for in Chapter 608, F.S. Or, 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)

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

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