L09000093698

| (Requ | iestor's Name) | |
|-----------------------------|-----------------|-------------|
| (Addr | ess) | |
| | | |
| (Addr | ess) | |
| (City/S | State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL. |
| Rusir | ness Entity Nar | me) |
| (Ed3) | icos Entiry Har | |
| (Docu | ment Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ing Officer: | |
| | | |
| | | |
| | | : |
| | | |
| | | |

Office Use Only



300185414063

10/01/10--01011--012 **25.00



C. LEW IS OCT 42010

COVER LETTER

| TAO: *Registration Section Division of Corporations | | |
|--|--|--|
| | | |
| OUBOROT. | Sula Sandals 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 | g this matter to the following: | |
| | | |
| Susan Byrne | | |
| Name of Person | | |
| Sula Sandals LLC | | |
| Firm/Company | | |
| 15860 84th Avenue | | |
| Address | | |
| Palm Beach Gardens | | |
| City/State and Zip Code | | |
| sula.sb@gmail.com E-mail address: (to be used for future annual report | | |
| E-mail address: (to be used for future annual report | notification) | |
| For further information concerning this mat | tter, please call: | |
| Susan Byrne | at (561) 317-3568 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Tallahassee, Florida 32301 | | |
| Enclosed is a check for the followi | ing amount: | |
| [7] \$25 Filing Fee | \$55 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 608.508, 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.

| agon, or com, or one | | |
|--|---|--|
| 1. Name of the limited liability company: | Sula Sandals LLC | |
| 2. (a) Principal office address of limited liability company | : 15860 84th Avenue | |
| (Note: MUST BE STREET ADDRESS) | Palm Beach Gardens,FL 33418 | |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | | |
| 09/29/2009 | L09000093698 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on t | the records of the Florida Dept. of State: | |
| Registered Agent: | United States Corporation Agents, Inc. | |
| Registered Office Address: | 13302 Winding Oaks Blvd. A-100 Tampa, FL 33612 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 15860 84th Avenue Palm Beach Gardens ,FL 33418 | |
| 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 identifiability 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. Signature of a member or authorized representative of a member | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote | |
| 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 pro and I am familiar with and accept the obligations of my po- 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 sper 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 | | |

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