## L1000012341

(Re	questor's Name)	·				
(Ad	dress)					
(Ad	dress)					
(Cit	ty/State/Zip/Phone	<b>∌</b> #)				
PICK-UP	☐ WAIT	MAIL				
. (Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



500182331435

07/06/10--01033--021 \*\*25.00

10 JUL -8 AM II: 09
SECRETARY OF STATE
SECRETARY OF STATE

## COVER LETTER

TO:	Registration Division of C				•	•	
SUBJ	ЕСТ:	GOLD EXC	HANGE S				II, LLC
					,	J	
Dear S	Sir or Madam:						
The er	nclosed Registe	ered Agent/Regist	ered Office (	Change	and fee	e(s) are submit	ted for filing.
Please	return all corr	espondence conce	erning this m	atter to	the foll	lowing:	
	Lisa Cab	rera, Corporate	<u>Paralegal</u>				
		Name of Person					
	Var	ndeventer Black	L <u>LP</u>			•	
		Firm/Company					
	101 W. Main	St., 500 World Address	Trade Cente	er	_		
	Norfolk	VA	2351	0			
	C	ity/State and Zip Code					
Ē-	mail address: (to b	e used for future annual	report notification	on)	<del></del>	1	
For fu	rther informati	on concerning thi	s matter, plea	se call	1:		
		Cabrera	at (_	757	_)	446-8	<del></del>
	Name o	f Person		٠	Area Cod	e & Daytime Telep	hone Number
	Registration S Division of Co Clifton Buildin	orporations ng e Center Circle	S:	Reg Div P.C	gistration vision of D. Box 63	ADDRESS: a Section Corporations 327 , Florida 32314	
	Enclosed is a	check for the fo	llowing amo	unt:			
	<b> √</b> \$25 Filing	Fee		☐] \$£	55 Filing	Fee & Certif	ied Conv

## 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: Gold E	xchange Stores Investors II, LLC				
2. (a) Principal office address of limited liability compan	17380 DUNEDEN COURT				
(Note: MUST BE STREET ADDRESS)	BOCA RATON, FL 33496				
(b) Mailing address of limited liability company:	17380 DUNEDEN COURT □				
(Note: MAY BE POST OFFICE BOX)	BOCA RATON, FL 33498 - M				
(1700E-1471,1 DD X DD X DX X 1201, 2025)					
01/13/2010	L100000123				
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:	RAND E. SHAPIRO				
Registered Office Address:	17380 DUNEDEN COURT				
	BOCA RATON, FL 33496				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
NEW Registered Agent:	S & S Management Enterprises, Inc.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17380 DUNEDEN COURT				
	BOCA RATON ,FL33496				
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 affurnative 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 planer  Randy Shapiro, Authorized Representative  Printed or typed name of signee  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 508, F.S. Or, if this dolument 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.					
Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	rely reflect a change in the registered office whas been notified in writing of this change.				
Division of Corporations, P.O. Box 63	98 Manual XXX - 29914				

**FILING FEE: \$25.00** 

INHS18 (05/08)