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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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APR - 2 2013

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: VILLAGOLD JEWELRY 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:

RICARDO EVANGELISTA

Name of Person

VILLAGOLD JEWELRY LLC

Firm/Company

28854 S. DIXIE HWY.

Address

HOMESTEAD, FL, 33033

City/State and Zip Code

villagold111@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Evangelista

_{at (}305 -

247.1407

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

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Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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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. N | lame of the limited liability company: VILLAGOLD JE | WELRY LLC | |
|-------------------------------|--|---|--|
| 2. (| a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | Dany: 10764 SW 72 ST. MIAMI, FL, 33 | 173 |
| (| b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 10764 SW 72 ST. MIAMI, FL, 33 | 1173 |
| 02/10 | /2010 | L10000016015 | 70 70 |
| 3. I | Pate 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: | RICARDO EVANGELISTA | |
| | Registered Office Address: | 10764 SW 72 ST. MIAMI, FL, 33 | 173 |
| | | | |
| (| b) Enter name of <u>NEW Registered Agent</u> and/or | NEW Registered Office add | dress: |
| | NEW Registered Agent: | RICARDO EVANGELISTA | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 28854 S. DIXIE HWY. | |
| | (MOST BET BOXIDITSTREET NOVESS) | HOMESTEAD | ,FL 33033 |
| conf and liabi the i | e limited liability company is not organized under irmed that after the change or changes are made, the business office of the registered agent will be in lity company, it is hereby confirmed that the changementers of the limited liability company or as other operating agreement of the limited liability companions of a member of authorized representative of a member | ne Florida street address of the dentical. Or, in the case of a ge(s) was/were authorized by erwise provided in the article | ne registered office Florida limited |
| | RDO EVANGELISTA ed or typed name of signee | | |
| | reby accept the appointment as registered agent as ply with the provisions of all statutes relative to the I am familiar with and accept the obligations of most of the confirm that the limited liability compers, I hereby confirm that the limited liability com | nd agree to act in this capaci e proper and complete perfor y position as registered agen o merely reflect a change in t pany has been notified in wr | ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change |

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