

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 61

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From:

Account Name : JORGE SALCEDO H. ESQ.

Account Number : I20100000021 Phone : (305)375-0640

Fax Number : (305)375-0708

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rush@ Law Ish COM

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ECRETARY OF STATE

LLC REGISTERED AGENT CHANGE FRESH SWIRL, LLC

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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: FRESH	SWIRL LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	140 B Migmi, FL 33176	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8819 SW 107 TH AVENUE 140B Miami, FL 33176	
4/4/11	1110000 400642	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
Registered Agent:	Kiny Guding	
Registered Office Address:	18574 SWA 17 COUNT	
	Miramar, FB2 25 25	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	J3H Register Agent Services Inc	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	300 S. Biscayne Blvd Suite 2700 Mami FL 3313	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office	
Signature of a member of authorized representative of a member	•	
Printed or typed name of signoe		
	read to got in this canonity. I further cover to	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing I am familiar with and accept the abligations of my post Chapter 608, F.S. Or. 18 this document is being filed to mer address, Lhereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	

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

red Agent