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Το;	Division of Corporations Fax Number : (850)617-6383	•
From:	Account Name : JORGE SALCEDO H. ESQ. Account Number : I20100000021 Phone : (305)375-0640 Fax Number : (305)375-0708	
annual rep Email Addr	ail address for this business entity to be used for fur port mailings. Enter only one email address please.** ress: MUHQ LAW JSH. COM	ture
PM 1: 33 FUF STATE EE.FLORIDA	LLC REGISTERED AGENT CHANGE SWEET SWIRL, LLC	1,
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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: <u>SWEET</u> SWIRL LLC
- 2. (a) Principal office address of limited liability company: <u>2466</u> (<u>Note: MUST BE STREET ADDRESS</u>) <u>Hig/ex</u>
 - (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

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:

Registered Office Address:

Keiny G	ud:	10	
18574	SW	47	* Court
Miramar,	FL 3	302	9

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

<u>NEW</u> Registered Agent:

NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

JSH Register A	ant Services Inc
200 S. Bisc Swite 2700	
Suite 2700	
Mismi	,FL33/_3/

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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.

Timber			
Signature of a member of authorized repres	entative of	a member	
ERASMO	<u>A S</u>	STUA	

Printed or typed name of signee

Signature of Registered Agent

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 mit domains the limited liability company has been notified in writing of this change.

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

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