11000040330

(Re	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu:	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:

L. SELLERS

MAY -9 2011

EXAMINER

Office Use Only



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COVER LETTER

Division of Corporations		
SUBJECT: FLORIDA PRESTIGE COLLECTION 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:		
PETAR BOSTLON Name of Person		
FLORIDA PRESTIGE COLLECTION LLL		
6681 46 TH AVE. N. Address		
ST. PETERSBURG FL 33709 City/State and Zip Code		
FLORIDAPRESTIGECOLLECTION BOSHAIL. COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
PETAR BOLILOV at (727) 656-2027 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		
Enclosed is a check for the following amount:		
\$25 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.

agent, or tons, in the plate of Lithiau.	1
1. Name of the limited liability company: Horiph 4	ESTIGE COLLECTION LLC
2. (a) Principal office address of limited liability compan	y: 668/46 TH AVE N
(Note: MUST BE STREET ADDRESS)	St. PETERSBURG FE33709
(b) Mailing address of limited liability company:	6681 46TH AVE N
(Note: MAY BE POST OFFICE BOX)	St. PETERSBURG-R33709
3. Date of filing/registration in Florida	L11000040330
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:	PETAR BO ILOV
Registered Office Address:	6281 39 STREET NORTH
(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)	W Registered Office address: PETAR BOJILLON 6681 46 TH AVE N St. PETERSBURG FL 33709
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability 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. 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 product of a member of a familiar with and accept the obligations of my portage of the confirm that the limited liability company. Signature of Registered Agent.	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization ARRY ARY SEED

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