L11000044782

| (R | equestor's Name) | | | | |
|---|------------------------|--|--|--|--|
| (A | ddress) | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (B | usiness Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | , | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



000254344400

4 MAR 31 PN 4:514 MAR 31 PM 1:

LLC HANGE RACHANGE 4/11/14



| ION SERVICE COMPANY | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| ACCOUNT NO. : 12000000195 | | | | | | | | |
| REFERENCE : 076412 5015497 | | | | | | | | |
| AUTHORIZATION : | | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | | |
| ORDER DATE: March 31, 2014 | | | | | | | | |
| ORDER TIME : 10:59 AM | | | | | | | | |
| ORDER NO. : 076412-025 | | | | | | | | |
| CUSTOMER NO: 5015497 | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| NAME: NAKASH VICTOR LLC | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| CONTACT PERSON: Susie Knight EXT# 52956 | | | | | | | | |

EXAMINER:



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. | Na | nne of the limited liability company: NAKASH VICTO | OR LLC | | | |
|---------------------------------|-------------------------|--|--|--|---|--------------|
| ว | (e) | 1400 BROADWAY, 15TH FLOOR | رک (b) <u>ح</u> | 1 m | | |
| | | Principal office address of limited liability company: (Note: MUST_BE STREET_ADDRESS) | | liability company; **OFFICE BOX) | • | |
| | | C/O NAKASH HOLDINGS, ROBERT SPIEGEI | | | | |
| | | NEW YORK, NY 10018 | | | | - |
| | | 04/14/2011 | L11 | 000044782 | | |
| 3.5. | (a) | Date of filing/registration in Florida NRAI SERVICES, INC. | 4. | Document number | | |
| | • • | Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road | he Florida Dept. | of State: | | |
| | | Registered Office Address (MUST BE FLORIDA STREET) | (DDRESS) | | <u>_,</u> | |
| | | Management de la Color de la c | | ANNE (T) IN ANNE (T IN V | F- | |
| | | Plantation FL. | 33324 | | 轰 | T |
| | (b) | Corporation Service Company | | | . ω | m |
| | (17) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address: | And the second s | | Ö |
| | | 1201 Hays Street | | | . Г | |
| | | NEW Registered Office Address: | | | <u> </u> | |
| | | | Agricultural des victoria de la constanta de l | n december . The | | |
| | | Tallahassee | 32301 | - | | |
| the ag | e cha gut v is/wu | imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lice are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | the registered ability compan of the limited li limited liabilit | office and the business off y, it is hereby confirmed the ability company or as othe y company. | lice of the registered nat the change(s) rwise provided in | d |
| | | ture of a member of authorized representative of a member | -K00 | Printed or Toed name of | Pirman, TS | Ď |
| pr th to | ovisi v obl mere | by accept the appointment as registered agent and agr ions of all stabiles relative to the proper and complete ignitions of my position as registered agent as provide ely reflect a change in the registered affice address, I) | ee to act in thi performance of d for in Chapte hereby confirm | is capacity. I further agree of my duties, and I am fami er 605, F.S. Or, if this doc a that the limited liability c | to comply with the liar with and accep ument is being file ompany has been | : 91 1 |
| 0 | L | Gin writing of this change. | | Sue G. Knight | a m t | |
| 3 | gnatu | te of Registered Agent Corporation Service Company | BY: | Assistant Vice Presid | But | |

Ś

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