## 2110000082318

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105.14 (105.14)

## **COVER LETTER**

Division of Corporations		
SUBJECT: Recalled 123, LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Cheur Trapanese Name of Person		
Name of Person  Retail Direct Services, UC  Firm/Company		
751 NW 33PD St #130		
Address  Townaud Beach, #1 33064  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
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  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
\$25 Filing Fee \$\Bigsim \\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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 10.100	T - 1/1 1/22 11 12
1. Na	me of the limited liability company: Recalls 123, LLC
2. (a)	751 NW 33° St. (b)
, , ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	± 130
	- State
	Pempano Beach, FL 37064
	7/8/2011 11000082318
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Cristine A. Trapanese
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	433 Plaza Keal
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	<del>2</del> 715
	Roca Raton Fr. 33 48Z
	Acichiae A Tonoruma
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	151 NW 33 9.
	NEW Registered Office Address:
	<u># 130</u>
7	Pomparo Beach, Fl 33064
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
the and	Wisha Hapauche Cherik A. Trapaul & Detail
Signat	nure of a member or authorized representative of a member  Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the Selvi ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed fly reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change
Signatu	to df Belgistered Agent

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