L11000097542

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
DA.		;
NACA	٠	

Office Use Only



900253971279

12/13/13--01004--028 **25.00

FILED

3 DEC 13 FM 3 O2

4 CARD And Constant

T. Bres DEC T & 5013

COVER LETTER

TO! Registration Section Division of Corporations			
SUBJECT: FASHIOUBOSS 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:			
Buttary Rayling			
Firm/Company			
1824 35th Street NW Address			
Washington DC 20057 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
See above at (239) 293-4391 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			
Exclosed is a check for the following amount:			
\$25 Filing Fee \$\square\$ \$55 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.

1. Name of the limited liability company: Fash	fonboss UC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Dany: 485 Brickell Are # 3003
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	>- ¹ , ω
8/25/2011	111000097542
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	_ · · · · · ·
Registered Agent:	Britary Rouby S
Registered Office Address:	485 Bickell Are, # 3003 mioni FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office address: Britary Rowlings 4555 Shearwater Corc.
(MUST BE FLORIDA STREET ADDRESS)	1000 FL 34119
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized by resentative of a member	e Florida street address of the registered office
Britany Paw Mys Printed or typed name of signe	
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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