L15000191363

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001117
Phone : (305)372-1350
Fax Number : (305)372-1352

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE**
**ALI BYRD DESIGNS, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
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AUG 10 2015
S. YOUNG

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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 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. Name of the limited liability company: All Byrd Designs, LLC

2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)
7821 S.W. 58th Avenue
Miami, FL 33143

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

3. 09/28/2011 Date of filing/registration in Florida

4. L11000111072 Document number

5. (a) Alan W. Levine
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1110 Brickell Avenue, Suite 700, Miami, FL 33131
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.

NEW Registered Office Address:
3350 Mary Street
Miami FL 33133

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.

Signature of a member or authorized representative of a member

Allison S. Byrd
Printed or typed name of signer

*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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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TALLAHASSEE, FLORIDA

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

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