## 111000123812

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

DCT 17 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	SHARPEN LLC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Miriam Katz	
Name of Person	
Vcorp Services, LLC Firm/Company	
25 Robert Pitt Drive, Suite 204 Address	SECRETAR TALLAHASS
Monsey, NY 10952 City/State and Zip Code	ASSE F
cld@difalcofernandez.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matte	r, please call:
Miriam Katz	at ( <u>845</u> ) <u>425-0077</u>
Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$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.

. Name of the limited liability company:	SHARPEN LLC	
2. (a) Principal office address of limited liability compar	ny: c/o DiFalco & Fernandez, LLLP	
(Note: MUST BE STREET ADDRESS)	777 Brickell Avenue, Suite 630 Miami, FL 33131	
(b) Mailing address of limited liability company:	c/o DiFalco & Fernandez, LLLP	
(Note: MAY BE POST OFFICE BOX)	777 Brickell Avenue, Suite 630 Miami, FL 33131	
10/31/2011	L11000123812	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent:	DIFALCO & FERNANDEZ, LLLP	
Registered Office Address:	3301 PONCE DE LEON BLVD.	
	SUITE 200 CORAL GABLES FL 33134 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	DIFALCO & FERNANDEZ, LLLP	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	777 Brickell Avenue Suite 630 Miami ,FL33131	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of 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.  Christophe L. DiFalco  Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provikious of all statutes relative to the pand I am familiar with and accept the obligations of my parties to the parties of the complete to the parties of the complete to be parties of the complete to the parties of the complete to the parties of the complete to the complete the co	agree to act in this capacity. I further agree to proper and complete performance of my futies, position as registered agent as provided for in verely reflect a change in the registered office my has been notified in writing of this change.	
Signature of Registered Agent		
Division of Corporations, P.O. Box 6 FHANG FEE:		