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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	<u>.</u> .		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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T. BROWN

NELSON SLOSBERGAS, P.A.

SUITE 310
MIAMI, FLORIDA 33131

E-MAIL ADDRESS nelson@miami-intl-law.com
WEB PAGE www.miami-intl-law.com

NELSON SLOSBERGAS ATTORNEY AND CIVIL LAW NOTARY (305) 374-0030 FAX (305) 374-2855

December 10, 2013

Via Regular Mail

Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

RE: SUPERFIVE OF BAHAMAS LLC

Dear Sir or Madam:

Please find attached the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and the respective check in the amount of \$25.00, in connection with the above-referenced Company.

Please proceed with the change of Registered Agent to NS CORPORATE SERVICES INC. as indicated in the form.

Thank you for your attention to this matter.

Very truly yours,

Clarisse Zarif-Pires,

Legal Assistant

[Direct E-Mail: clarisse@miami-intl-law.com]

/czp Enclosures (as noted)

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.

6	, sy		
1. Name of t	he limited liability company: SUPERFIVE OF BA	HAMAS LLC	
2 (a) Dringi	not office address of the total the title and	4440 B 1 + 0 4	
2. (a) Principal office address of limited liability con			
(INOIR	e: MUST BE STREET ADDRESS)	Suite 310	500 00
		Miami FL 33131	
(b) Mailie	an address of limited 11-1-114.	4440 8 1 1 11 4	是在 0
	ng address of limited liability company:	1110 Brickell Avenue	707 10
(<u>INOI</u>	e: MAY BE POST OFFICE BOX)	Suite 310	
		Miami, FL 33131	- The 3 0
			12 K
12/14/2011		L11000140349	- 5 in
3. Date of fil	ling/registration in Florida	4. Document number	ALE I
5. (a) Regis	tered Agent and Registered Office shown or	n the records of the Florid	a Dept. of State:
Regis	tered Agent:	AMICORP SERVICES LTD.	_
Registered Office Address:		1001 Brickell Bay Drive	
ite gio	acted Office Address,	Suite 2306	
		Miami, FL 33131	
			
	name of NEW Registered Agent and/or NI Registered Agent:	NS CORPORATE SERVICES INC	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1110 Brickell Avenue	
		Suite 310	
		Miami	,FL 33131
confirmed that and the busing liability compared the members the operating Signature of a meritary o		Florida street address of the tical. Or, in the case of a symmetry was/were authorized by vise provided in the article was a case of a symmetry was a symmet	he registered office a Florida limited an affirmative vote of es of organization or
Chapter 608, address, I her Signature of Regi		ierely reflect a change in i ny has been notified in wr	the registered office iting of this change.

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