

L12 0000000000000000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

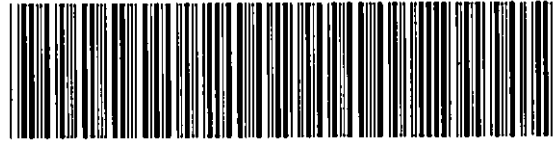
'Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
MAY 13 2024

J. HORNE  
MAY 13 2024

Office Use Only



900427621969

2024 MAY 10 AM 9:46

2024 MAY 10 AM 9:46

200 MAY 10 PM 3:41  
WALLMAN ASSOCIATES, INC.

200 MAY 10 PM 3:41  
WALLMAN ASSOCIATES, INC.

ALLANASSEL, Illinois



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

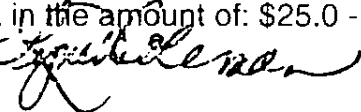
To: Department Of State, Division Of Corporations  
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com  
Ext:  
Date: 05/10/24  
Order #: 1503614-4  
Re: EBERJEY RETAIL LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

AUTH 

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: EBERJEY RETAIL LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

360 San Lorenzo Avenue 1530

MIAMI, FL 33146

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2222 Ponce De Leon Blvd Suite 2W101

Coral Gables, FL 33134

01/03/2012

L12000000660

3. 01/03/2012 Date of filing/registration in Florida 4. L12000000660 Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Rovito, Mariela

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2222 Ponce De Leon Blvd Suite 2W101

Coral Gables, FL 33134

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

FILED  
2024 MAY 10 AM 9:46  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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.

/s/ Ashley Kadey

Signature of a member or authorized representative of a member

Ashley Kadey

Printed or typed name of signee

*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.*

Maria E. Kinley

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

CSC COA-5001