

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

: COGENCY GLOBAL, INC. Account Name

Account Number : 120000000088

Fax Number

Phone : (800)221-0102 : (800)944~6607

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LLC REGISTERED AGENT CHANGE FENG SHUI STYLE LLC

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K. SALY

MAY 18 2017

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5/16/2017

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. N	ame of the limited liability company:	FENG	SHUI STYLE LLC
2. (a)	63 BAL BAY DRIVE BAL HARBOUR, FL 33154 (b) 44 WALL STREET, 10TH FLOOR C/O REINHARDT LLP NEW YORK NY 1000		
• • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	O1/24/2012 Date of filing/registration in Florida	4.	L12000011082 Document number
5. (a)	CORPORATE CREATIONS INTERNATIO		^ State.
	Registered Agent and Registered Office shown on the records of the 11380 PROSPERITY FARMS ROA	_	State:
	Registered Office Address MUST BE FLORIDA STREET AD		
	SUITE # 221E		A S
	PALM BEACH GARDENS FL	33410	CARAY I
(b)	COGENCY GLOBAL INC.		SSEE
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		F.F.S
	115 North Calhoun Street, Suite 4		9 23 TATE ORID
	NEW Registered Office Address:		T.
•	**************************************		AND
	Taliahassee , FL,	32301	
the cha agent w	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative rote of the members of the cles of organization or the operating agreement of the limited liabilities.	e registered of lity company, no limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
I herel provisi the obli to mere notified	y accept the appointment as registered usent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for reflect a change in the registered affice address, I here in writing of this change.	to act in this of formance of in Chapter ehy confirm the	capacity. I further agree to comply with the my dulies, and I am Jamiliar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatur	SATIONS BULLER ALMERTATE		

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