L120000 73524

(Requestor's Name)
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(183,533)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Designer Consignme			
Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for	r filing.	
Please return all correspondence concerning this ma	atter to the following:		
Stephen R. Gladstone			
Name of Person			
Stephen R. Gladstone		Za	2813
Firm/Company			E E
7301-A West Palmetto Park Road, Suite	305-C		27
Address		71 71 71 71 71	75
Boca Raton, FI 33433			PK 12: 40
City/State and Zip Code		-	
stephen@srgpa.com			
E-mail address: (to be used for future annual report notification	n)		
For further information concerning this matter, pleas	se call:		
Stephen R. Gladstone	61 、394-0096		
Name of Person	Area Code & Daytime Telephone N	umber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

1. Name of the limited liability company: Designer Consign	ament, LLC		
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Dany: 1511 East Commercial Boulevard Fort Lauderdale, Fi 33334-5717		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1511 East Commercial Boulevard Fort Lauderdale, Fl 33334-5717	1	
06/01/2012	L12000073524		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	da Dept, of State:	
Registered Agent:	Alan Levy	The same of the sa	
Registered Office Address:	4901 N.W. 17th Way Suite 103 Fort Lauderdale, FI 33309	75 2 17 NOTE TO 18 NOT	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office a	ddress: 5	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	 	7301-A West Palmetto Park Road Suite 305-C	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the Florida street address of dentical. Or, in the case of the set of the decision was/were authorized between provided in the artic	the registered office a Florida limited by an affirmative vote of	
Dana Rail Printed or typed name of signee I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of michapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability companies.	nd agree to act in this capa e proper and complete perf y position as registered age o merely reflect a change in	city. I further agree to ormance of my duties, ent as provided for in the registered office	

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