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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE FASHCO, LLC

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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

Florid	_					
1. N	nme of the limited liability company: FashCo	<u></u>				
2. (a)	12221 Town Lake DRIVE	((b) 12221 Town Lake DRIVE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	SUITE 200		SUITE 200			
	Fort Myers, FL 33913		Fort Myers, FL 33913			
	06/25/2012		L1200008	33110		
3.	Date of filing/registration in Florida	4.	D	ocument number		
e ()	NRAI SERVICES, INC.					
5. (a)	Registered Agent and Registered Office shown on the record	s of the Florid	la Dept. of State:			
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STRE	<u>(S)</u>				
				202 Sep		
	PLANTATION	4	2020 HAR			
(b)	Registered Agents Inc.					
(67)	Enter name of NEW Registered Agent and/or NEW Regist	ddress:	P III			
	7901 4th St N		PH 2:53			
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	, FL_3370	2			
sign I her provi	limited liability company is not organized under the lange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membraticles of organization or the operating agreement of the limited street of a member of authorized tepresentative of a member eby accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as prorely reflect a change in the registered office addressing the registered office addressing the second control of the proper and composition as registered agent as provided in the registered office addressing the registered of the proper and composition as registered agent as the proper agent as the prope	ss of the reged liability of ers of the limited Richards	estered office a company, it is I mited liability: I liability compley Park ct in this capac mance of my dia Chanter 605.	end the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in bany. Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed.		

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent