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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP		
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

Rebounderz Apparel, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christin Meyer

Name of Person

Warshawsky Seltzer

Firm/Company

9943 East Bell Road

Address

Scottsdale, Arizona 85260

City/State and Zip Code

christin@franchiselawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christin Meyer	480 at (719-4800
Name of Person		Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 m

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Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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:	Apparel, LLC	
2. (a)		(b)	
, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	605 Hickman Circle		605 Hickman Circle
	Sanford, Florida 32771		Sanford, Florida 32771
	07/01/2012		L12000087069
3. 5. (a)	Date of filing/registration in Florida Alfred L. PallodinD	4.	Document number
	Registered Agent and Registered Office shown on the records of t Registered Office Address (MUST BE FLORIDA STREET A 605 Hickman Circle		State:
•	Sanford, FL	32771	TAL SE
(b) _	Melvin Hom Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>		CRETARY OF
	NEW Registered Office Address:	 • · · · <u>· · · · · · · · · · · · · · · ·</u>	D PH 12: 50 E, FLORIDA E, FLORIDA
	605 Hickman Circl	е	
	Sanford, FL	32771	
the chan agent wi was/wer	nited liability company is not organized under the laws one or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of les of organization or the operating agreement of the li	he registered off bility company, i the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
\square	lalut		Marcus E. Gurley
Signatu	re of a member or authorized representative of a member		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.

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n Signature of Registered Agent

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