1-12000106561

(Requestor's Name)		
(Address)		
(Address)		
·		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
'JAN 1 6 2013		
A. LUIN:		

Office Use Only



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COVER LETTER

Division of Corporations		
SUBJECT: Above The Influence of Limit	nce Clothing (6 LLC med Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Mother Heiner Name of Person	BIB JAN 14 PH	
Above The Influence Clother Firm/Company	ing Colla	
1040 Biscayne Blvd,	<u>#401</u>	
Miani, FL 33132 City/State and Zip Code		
matt@aticlothing, co		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Matthew Heiner at	(305) 898-6388 Arm Code & Douting Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO:

Registration Section

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.

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Λ/ -	H = I(I) = C(I)
1. Name of the limited liability company: Above	
2. (a) Principal office address of limited liability company (Note: MUST RE STREET ADDRESS)	: 1040 Bis cayne Blud
(<u>Note: MUST BE STREET ADDRESS</u>)	#4101 / B Miani, FL 33137 B
	amen's
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
8/20/12	7 2 2 2 11
	L12000106563
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Matthow Heiner
registered Agent,	
Registered Office Address:	325 S BISCAGLE Blud #2014 Miami, FL 33131
	Microni, FL 33131
(b) Enter name of NEW Registered Agent and/or NEW	W Registered Office address:
NEW Registered Agent:	Matthew Heiner
	
NEW Registered Office Address:	#4101 Biscage Blud
(MUST BE FLORIDA STREET ADDRESS)	Miami, FL 33/32.FL
If the limited liability common is not associated and and a late	——————————————————————————————————————
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the FI	orida street address of the registered office
confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identified in the change of	ical. Or, in the case of a Florida limited
liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	se provided in the articles of organization or
the operating agreement of the limited liability company.	,
Water Hein	
Signature of a member or Julhorized representative of a member	_
Matthew Heine	
Printed or typed name of signee	_
I heręby accept the appointment as registered agent and a	gree to act in this capacity. I further agree to
comply with the promisions of all statutes relative to the promised and I am fimilially lift and accept the obligations of my pos	pper and complete performance of my duties, sition as registered agent as provided for in
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the product of the product o	rety reflect a change in the registered office has been notified in writing of this change.
Marila Maria	
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	27 Tallahassee FL 32314

FILING FEE: \$25.00