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COVER LETTER

Division of Corporations
SUBJECT: BLACK TIE GIFT BASKETS, LLC 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:
MARTA C. PEREZ Name of Person BLACK TIE GIFT BASKETS, LLC Firm/Company 13547 S.W. 131 AVENUE Address
BLACK TIE GIFT BASKETS, LLC ASH
13547 S.W. 131 AVENUE
MIAMI FC 33186 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARTA C. PEREZ at (305) 804-6527 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:
Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

1. Name of the limited lia	bility company: BLACK TI	E GIFT BASKETS, LLC
2. (a) Principal office add (<i>Note: MUST BE</i>	dress of limited liability company ESTREET ADDRESS	y: 12547 S.W. 121 AVENUE MIAMI, FL 33186
	limited liability company: POST OFFICE BOX	12547 S.W. 121 Avenue miami, FL 33186
September 3. Date of filing/registrati	95, 20/2 on in Florida	<i>L 12000122663</i> 4. Document number
5. (a) Registered Agent a	and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:		MIGUEL PEREZ-NAVARRO
Registered Office	Address:	12547 SW. 121 AVENUE MIAMI, FL 33186
	W Registered Agent and/or NE	W Registered Office address: MARTA C, PEREZ
<u>NEW</u> Registered A <u>NEW</u> Registered (<u>(MUST BE FLOR</u>		12547 G.W. 121 AUENUE Miami ,FL 33186
confirmed that after the ch	ange or changes are made the F	laws of the State of Florida, it is hereby
Signature of a plember or authorized MARTA C. Printed or typed name of signee	ed representative of member PEREZ	agree to act in this capacity. I further agree to act in this capacity. I further agree to as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.

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

Signature of Registered Agent