L13-6000 65417

| (Re | equestor'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: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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02/24/14--01011--001 **25.00

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Platinum Stor Grap, UC 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: | | |
| Lauren Manglaracina Name of Person Registered Agents (In Corp Services Inc. Firm/Company 17,888 (57th Cart North Address Loxabatchee, FL, 33470 | | |
| City/State and Zip Code Mandra 84 Ogman Com | | |
| E-mail address: (to be used for future ashual report notification) For further information concerning this matter, please call: | | |
| In Corp Services of 1800 424 3684 Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section | | |

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Enclosed is a check for the following amount:

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 605.0114, Floricompany submits the following statement in order to charboth, in the State of Florida. | da Statutes, the undersigned limited liability nge its registered office or registered agent, or | |
|--|---|--|
| 1. Name of the limited liability company: \(\frac{1}{1}\) | im Stal Grap | |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | v. 2316 Vintage Circle Lighthause Point FZ | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | same as abave | |
| 5/3/13 | L130000659172 | |
| 3. Date of filing/registration in Florida | 4. Document number Earth TOTI | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | sometiment comporation in | |
| Registered Office Address: | Company Corporation Phil delphia, phil 1910 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | |
| NEW Registered Agent: | Incorp Services Inc | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1758 8 67th Cort Noth Loxanatchee, #1 33476 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. | Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of | |
| Signature of a member or authorized representative of a member | 1_ | |
| Laven Manglaracing Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my processing for the company of the company o | agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change. | |
| In COP Senioes, Inc | | |