## L130000 77001

(Re	equestor's Name)				
(Ad	ldress)				
(Ád	idress)				
(Cit	ty/State/Zip/Phone	÷#)			
	WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
		1			

Office Use Only



100262332531

07/21/14--01013--009 \*\*25.00

THE PN 8: 33

C.M.

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	Super Outlet Store of Miam	LLC			
	Nam	e of Limite	d Liability Company		
Dear S	Sir or Madam:				
The er	aclosed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing	<u>;</u> .	
Please	return all correspondence concerning this	s matter to	the following:		
Robl	oie Hicks				
	Name of Person				
Supe	r Outlet Store of Miami LLC				
	Firm/Company		<del></del>	<del></del> 1	
1994	E. Sunrise Blvd #226			14 J SELLA ALLLA	
	Address			14 JUL 21 SELIK SASSE ALLAHASSE	7
Fort I	_auderdale, FL 33304				
	City/State and Zip Code			PM 8: 33	J
dano	ran@aol.com			33 IE IO4	
T	E-mail address: (to be used for future ann	ual report i	notification)		
For fu	rther information concerning this matter,	please call	:		
Robi	pie Hicks	954 at (	213-6692		
	Name of Person		Area Code & Daytime Tele	phone 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		
	Enclosed is a check for the following	amount:			
	■ \$25 Filing Fee	[	\$55 Filing Fee & Certified Copy	у	

INHS18 (2/14)

## 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 Florida.

1.	Na	me of the limited liability company:	Super Outlet S	Store	of N	liami L	LC			
2.	(a)	1994 E. Sunrise Blvd # 226		(b) 1994 E. Sunrise Blvd #226						
2,	( <b>u</b> ) .	Principal office address of limited lia (Note: MUST BE STREET A.		- (	-, <u> </u>	N	Mailing address of (Note: MAY B)			
		Fort Lauderdale, FL 33304		_	F	ort Lau	derdale, FL	33304	4	
3.		05/28/2013  Date of filing/registration in	Florida	<b>-</b> <b>4</b> .	 L1:	300007	77001 Document nu	mber		
5.	(a)	Dan Oran					-			
		Registered Agent and Registered Office show Dan Oran	vn on the records of th	e Florid	a De <sub>l</sub>	ot. of State	<b>e</b> :			
		Registered Office Address (MUST BE F	LORIDA STREET AI	DDRES.	<u>S)</u>		-			
		2455 E Sunrise Blvd #906						~1		
		Miami	, FL_3	3304			-	SEUH ALLA	14 JUL	onges;
	(b)	DAN ORAN					_	TONOSCHOOL	儿21	CIANDED CAMPAGE Antonio
		Enter name of <u>NEW Registered Agent</u> and/o	or <u>NEW Registered C</u>	Office ac	ldres	<u>s</u> :		110	P	
		1994 E. Sunrise Blvd					_	STATE FLORID	ထ္	J
		NEW Registered Office Address:						S D Im	သ	
		#226					_			
		Fort Lauderdale	, FL	3304			_			
the age was the S  I h prothe to r not	cha ent we s/we arti- ignati- erel- vision obli- nere- ifiel	mited liability company is not organing or changes are made, the Florida fill be identical. Or, in the case of a fire authorized by an affirmative vote ocles of piganization or the operating a ture of member or authorized representative by accept the appointment as registered on a fill statutes relative to the proping ations of my position as registered by reflect a change in the registered of in writing of this change.	street address of the florida limited liab of the members of agreement of the liab of a member	he reginity continued in the limited	omp nited liab	ed office any, it is I liability ility com Dran	e and the busins hereby confir y company or a npany.  Printed or typed	ness off rmed thas other	fice of nat the rwise	the registered change(s) provided in
		Division of Corne	orationse P.O. Re	ox 632	<b>7•</b> 1	[allahas	see. FL 32314	ι		

FILING FEE: \$25.00