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(((H140002913343)))



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LLC REGISTERED AGENT CHANGE GIRAFFAS INTERNATIONAL TAMPA, LLC

والمراجع والمراجع والمراجع والمستعادة والمراجع والمراجع والمراجع والمراجع والمستعاد والمراجع والمراجع والمراجع

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December 24, 2014

FLORIDA DEPARTMENT OF STATE

GIRAFFAS INTERNATIONAL TAMPA, LLC 1444 BISCAYNE BLVD

SUITE 216

MIAMI, FL 33132US

SUBJECT: GIRAFFAS INTERNATIONAL TAMPA, LLC

REF: L13000153785

We received your electronically transmitted document. Rowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H14000291334 Letter Number: 014A00027232

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

| Pursuant to the    | provisions of  | sections  | 605.0114.    | Florida  | Statutes. | the   | undersigned   | limited   | liability |
|--------------------|----------------|-----------|--------------|----------|-----------|-------|---------------|-----------|-----------|
| company submits    | tire following | statement | ' in order u | o change | is regist | er ed | office or reg | istered e | agent, or |
| both, in the State | of Florida. 🐣  |           |              | _        |           |       |               |           |           |

| 1. Name of the limited li  | ability company: GIRAFFAS INT   | ERNATIONAL TAMPA, LLC  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
|  | dress of limited liability compan   |  |  |  |  |  |  |
| (Note: MUST B  | E STREET ADDRESS  | Miami, Florida 33132   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |  |  |  |
| (b) Mailing address o  | f limited liability company:  | 1444 Biscayne Blvd Suite 216   |  |  |  |  |  |
| (Note: MAY BE  | POST OFFICE BOX   | Miami, Florida 33132   |  |  |  |  |  |
| 10/31/2013   |   | L13000153785   |  |  |  |  |  |
| 3. Date of filing/registrat  | tion in Florida   | 4. Document number   |  |  |  |  |  |
| 5. (a) Registered Agent  | and Registered Office shown or  | the records of the Florida De  | ept. of State:   |  |  |  |  |
| Registered Agent   | ,<br>,  | ZAYAS MORILLAS, LLC  |  |  |  |  |  |
| Registered Office Address:   | Address:  | 6303 BLUE LAGOON DRIVE, SUITE 400  |  |  |  |  |  |
| Registered Office Address.   |   | MJAMI, FL 33126  |  |  |  |  |  |
| <u>NEW</u> Registered<br><u>NEW</u> Registered   | Office Address:   | W Registered Office addre<br>Business Filings Incorporated<br>515 E. Park Avenue   | <u></u>  |  |  |  |  |
| MUST BE FLORIDA STREET ADDRESS)  |   | Tallahassee  | .FL32301   |  |  |  |  |
| confirmed that after the c   | mpany is not organized under the change or changes are made, the fifthe registered agent will be idented to confirmed that the change (ed hability company or as otherwoof the limited liability company. | Florida street address of the r  | edistated office   |  |  |  |  |
| Ana Paula Oliviera   |   |  |  |  |  |  |  |
| Printed or typed name of signee  |   | <del></del>  |  |  |  |  |  |
| I hereby accept the appo-<br>comply with the provision and I am familiar with a<br>Chapter 503, F.S. Ov. if<br>address, I hereby confin- | nintment as registered agent and<br>his of all stannes relative to the p<br>hid accept the obligations of my b<br>this document is being filed to h<br>in that the limited liability compa                | agree to act in this capacity. Toper and complete performation as registered agent a vertical reflect a change in the my lias been notified in writing | I further agree to ance of unitalities. s provided for in registered office up of this change. |  |  |  |  |
| Signature of Registered Agent  | Villiams, AVP Business Filings Incorp-  | prated   | DEC<br>CRE<br>LAH  |  |  |  |  |
| Divisi   | on of Corporations, P.O. Box t  | 5327, Tallahassee, FL 3231   |  |  |  |  |  |

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