

# L14000037287

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561) 694-8107  
Fax Number : (561) 694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
NICKILL PLATED, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

*\*See attached  
change request  
for principal &  
mailing to  
corp address  
change@dos.  
state.fl.us*

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TALLAHASSEE, FLORIDA

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14 MAR 12 AM 10:41  
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TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: NICKILL PLATED, LLC
2. (a) 1626 Ringling Blvd., Suite 400  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Sarasota, FL 34236
- (b) 1626 Ringling Blvd., Suite 400  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Sarasota, FL 34236
3. 03/05/2014  
Date of filing/registration in Florida
4. L14000037287  
Document number
5. (a) NICHOLS, GERALD  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7340 REGINA ROYALE COURT  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SARASOTA, FL 34238
- (b) NICHOLS, GERALD  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1626 Ringling Blvd., Suite 400  
NEW Registered Office Address:  
Sarasota, FL 34236

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Kristine Roy, Attorney-in-Fact

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Kristine Roy, Attorney-in-Fact

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

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