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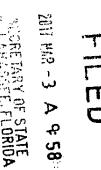
(Re	questor's Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	CASUAL CLOTHES LLC					
55252		e of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the following:				
CELS	SO MORAES					
	Name of Person					
ASSE	ELFIS INTERNATIONAL LLC					
	Firm/Company					
7751	KINGSPOINTE - UNIT 128					
	Address					
ORLA	NDO/FL - 32819					
	City/State and Zip Code					
celso	vm@asselfis.com.br					
E	-mail address: (to be used for future ann	ual report notification)				
For fur	ther information concerning this matter,	please call:				
CELS	O MORAES	407 765-4480				
	Name of Person	Area Code & Daytime Telephone 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				
INH\$18	3 (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. N	ame of the limited liability company: CASUAL CL	OTHE	SLLC				
2. (a)	7751 KINGSPOINTE - UNIT 128		(b) 775	1 KIN	IGSPOINTE - UN	IT 12	28
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		ailing address of limited l		
	ORLANDO / FL - 32819 - US		ORI	AND	O / FL - 32819 - l	JS	
							
	01/03/2017		L170	00001	1738		
3.	Date of filing/registration in Florida	4.		D	Document number		
5. (a)	ASSELFIS INTERNATIONAL LLC						
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. c	of State:			
	7751 KINGSPOINTE - UNIT 128						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)				
					3.50	<u> </u>	
	ORLANDO, Fi	_L 3281	9			٠٠ د	
(b)	GENAINA SELMA BARROS DORNELES				(A) (A)	ند	LED
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:		79	\triangleright	[1]
	7751 KINGSPOINT - UNIT 128					د خ	O
	NEW Registered Office Address:		# + TT		DA	Φ,	
	ORLANDO	3281	ο				,
	, FI	. 3281	-	···········			
the cha agent v was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re iability of the le limite	gistered of company imited his d liability	office a y, it is h ability o y comp	and the business offichereby confirmed the company or as other pany.	ce of the wise p	the registered change(s) provided in
<u> </u>	Genono	G	ENAIN.		LMA BARROS DO		
I here provis the ob- to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to de perfoi ed for it hereby	act in this mance o n Chapte confirm	s capac	Printed or typed name of a city. I further agree the suites, and I am famili F.S. Or, if this docume limited liability co.	to con	nnly with the
Signatu	ure of Registered Agent						