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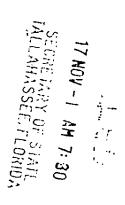
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Azalea Clothing Company LLC 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:				
Kaley Nicole Gross Name of Person				
Azalea astring Company LLC Firm/Company				
4900 widgeon wary				
Tallahassu FL 32303 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Haffey Gross at (850) 290 - 5155 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee				
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.

rioria	i,	
I. Na	ime of the limited liability company: <u>AZAlea Clothino</u>	1 company LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 440	Mailing address of United liability company. (Note: MAY BE POST OFFICE BOX)
	Tallahassee, FL 32303 Tall	ahussu, FL 32303
3.	Date of filing/registration in Florida 4.	17000076358
	V. Ja. II Cha.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	– de:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	17 NOV - 1 SECRETAR TALLAHASS
	Tallahassu FL 32303	ini⊸()
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	AM 7: 30 OF STATE ELFLORIDA
	NEW Registered Office Address:	-
	tall a hassel FL 32303	_
the cha agent v was/wo the arti	imited liability company is not organized under the laws of the State of Flange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is reauthorized by an affirmative vote of the members of the limited liability costs of organization or the operating agreement of the limited liability costs.	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
KO	Uly Green Kaley une of a njember or authorized representative of a member	Cross Printed or typed name of signee
	•	•
provisi	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my	duties, and I am familiar with and accept

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.

d Agent