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(Re	equestor's Name)			
(Ad	ldress)	<u>. </u>		
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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17 SEP 35 PH 1: NA

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACC	OUNT NO.	:	1200000	00195	
RI	EFERENCE	:	795836	7107991	
AUTHO	RIZATION	:	Louell	Denan	
COS	ST LIMIT	;	\$ (29.00	- Man	
ORDER DATE : Septembe	er 5. 201	7			
ORDER TIME : 12:29 PM					
ORDER NO. : 795836-0					
CUSTOMER NO: 71079	991				
CH	ANGE OF A	GEN'	<u>T</u>		
NAME: CASA DE MONTECRISTO - FL, LLC					
PLEASE RETURN THE FOL	LOWING AS	PR	OOF OF F	'ILING:	
CERTIFIED COP	ľ				
XXX PLAIN STAMPED					
CONTACT PERSON: Susar	n Enstrom		EXT# 63	854	
			EXAMINE	R:	

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Casa de Montecristo - FL, LLC			
		ne of Limited I	iability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	following:	
Caroll	Prevette			
	Name of Person		<u> </u>	
ITG Br	ands, LLC		•	
	Firm/Company			
714 Gr	reen Valley Road			
	Address			
Greens	sboro, NC 27408		,	
	City/State and Zip Code		_	
caroll.p	prevette@itgbrands.com			
Ē	-mail address: (to be used for future ann	nual report noti	fication)	
For fur	ther information concerning this matter,	please call:		
Caroll I	Prevette	336 at (335-7710	
	Name of Person		Area Code & Daytime Telephone Number	
	Registration Section Reg Division of Corporations Div Clifton Building P.C		AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassec, Florida 32314	
Enclosed is a check for the following amount:				
	□ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy	
INHS18	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.	Na	ame of the limited liability company: Casa de Montecr	isto - Fl	L, LLC	
2	(a)	Casa de Montecristo - FL, LLC	(b	Casa de	Montecristo - FL, LLC
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	Me	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5900 N. Andrews Avenue, Suite 600		301 Route	10 East
		Fort Lauderdale, FL 33309	-	Whippany,	, NJ 07981
		May 3, 2017	.	L17000098	468
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	CT Corporation System			
٥.	(u)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	
		CT Corporation System			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
				•	
		1200 South Pine Island Road			
		Plantation , FL_	33324		
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	office add	lress:	H SEP -5 AH 8: 14
		Corporation Service Company			7 J
		NEW Registered Office Address:	u		三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
		1201 Hays Street		·	9. 1
		Tallahassee , FL_	32301		
the ag wa the I in protection	e cha ent v as/we e arti Signa herei ovisi e obl mero	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pligations of my position as registered agent as provided the profess of this change.	he regis pility con the limi mited li Javie	tered office a mpany, it is hited liability comper Estades in this capacance of my duckapter 605, in that the confirm that the confirmation that	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee
Si	gnatu	re of Registered Agent Corporation Service Company	BY:	. •	

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