Division of Corporations

rica Department of State

Pivision 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 Pax 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.\*\*

LLC REGISTERED AGENT CHANGE

AMICON DESIGN, LLC

Certificate of Status

Certified Copy

Page Count

Estimated Charge

\$25.00

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## H19000160852

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

1. The name of the limited liability company is: Amic	on Design, LLC	<u> </u>
2. (a) Principal office address of the limited liability company:	7448 NE 4TH CT	F14 = -1
(Note: MUST BE STREET ADDRESS)	<del></del>	<u> </u>
	MIAMI FL 33138	<u> </u>
(h) Mailing address of limited liability company:	7448 NE 4TH CT	
(Note: MAY BE POST OFFICE BOX)		
	MIAMI FL 33138	70 to 40
12/19/2018	L18000	289037 5 5
3. Date of filing/registration in Florida	4. Document number	
5.(a) Registered Agent and Registered Office shown	on the records of the Florid	a Dept. of State:
Registered Agent:	LAURA ROSS	
Registered Office Address:	1395 BRICKELL AVE	
Registered Contex Address.	14TH FLOOR	
	MIAMI FL 33131	
Andrew Andrew	, , , , , , , , , , , , , , , , , , ,	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Ottice address:	
NEW Registered Agent:	Corporate Creations Network	Inc.
NEW Registered Office Address:	11380 Prosperity Farms Road	#221E
(MUST BE FLORIDA STREET ADDRESS)		
	Palm Beach Gardens	FL 33410
If the limited liability company is not organized under the law or changes are made, the Florida street address of the registere identical. Or, in the case of a Florida limited liability compan an affirmative vote of the members of the limited liability com-	d office and the business office of y, it is hereby confirmed that the o	the registered agent will be thange(s) was/were authorized by
(Signature of Amember of anthorized representative of a member)  Saray Djidji, Attorney-in-Fact (Printed or Typed name of signee)  I hereby accept the appointment at registered agent and agree		