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	(Re	questor's Name)	
	(Adi	dress)	
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	(Cit	y/State/Zip/Phone	e #)
- PICK	ر (WAIT	MAIL
_	(Bu	siness Entity Nar	ne)
	(Do	cument Number)	
Certified Copies	-	Certificates	s of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 1793857 4305380							
AUTHORIZATION:							
COST LIMIT : \$ 25.00							
OPPER DAME. Was 4 0001							
ORDER DATE: May 4, 2021							
ORDER TIME : 9:49 AM							
ORDER NO. : 793857-005							
CUSTOMER NO: 4305380							
CHANGE OF AGENT							
NAME: THE CUSTOM JEWELRY BOX LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker EXT#							
EXAMINER:							

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Custom Jewelry Box LLC	signal Linkilling Commons
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Michael J. Marotte, Esq.	
Name of Person	
Schenck, Price, Smith & King, LLP	
Firm/Company	
220 Park Avenue Address	
Addiess	
Florham Park, NJ 07932	
City/State and Zip Code	
mjm@spsk.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Michael J. Marotte, Esq. at (973) 539-1000
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
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.

1. N	ame of the limited liability company: The Custom Jewe	elry Box	LLC				
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.\	dailing address of limit (Note: MAY BE PO	ted liabil	ity comp	oany:
	101 NW 1st Ave, Miami, FL 33132	_	101 NW 1	st Ave, Miami, FL	33132		
,	08/22/2019 Date of filing/registration in Florida	- , -	L1900021				
3.	Date of thing/registration in Florida	4.		Document number			
(h)	Registered Agent and Registered Office shown on the records of the Weiner, Menachem Registered Office Address	DDRESS) 33131 Office add				2821 HAY -5 AM 10: 03	
	Miami , FL3	2122					
change agent v was wo the artification of the reconstitute of the meron of the control of the co	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill 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 agreed ons of all statutes relative to the proper and complete period of the proper and complete period of the proper and complete period of the change in the registered office address. The limited in this change.	of the Segisterectility continuity the limit mited lia	itate of Floi l office and apany, it is ed liability bility comp achem Wei	the business office hereby confirmed company or as off pany, iner, Manager Printed or typed name	e of the that the nerwise of signe	registe e chang provid	ered ge(s) ded in
Signatu	re of Registered Agent						