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| (Re | equestor's Name) | : | | | |
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| (Address) | | | | | |
| (Ac | idress) | | | | |
| (Ci | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL . | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| | gistration Section vision of Corporations | * | | |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| SUBJECT | ; SVI-International, L.L. (Name o | .C. f Limited Liabili | ty Company) | |
| Dear Sir or | Madam: | | | |
| The enclose | ed Registered Agent/Registered | Office Change | and fee(s) are submitte | d for filing. |
| Please retur | rn all correspondence concernin | ng this matter to t | he following: | |
| Patricia | Cartaya (Name of Person) | | - | |
| SVI-Inte | mational, L.L.C. | | | 2005 SEP 16 AM 9: 31 |
| 1890 N.\ | (Firm/Company) W. 82nd,. Avenue Suite | 102 | | SEP 16 AM 9: 31 |
| Miami Fi | (Address) orida, 33126 | | • | 9:31 Shaillot FLORIDA |
| | (City/State and Zip Code) | | • | 70 |
| For further | information concerning this ma | atter, please call: | | |
| Patricia | Cartaya (Name of Person) | at (305 |) 471-7377 . Area Code & Daytime | Talanhana Mumbar) |
| | (Ivanic of Loranis) | (1 | Total Code of Dayling | reseptions rumber) |
| Regi Divi Clift 2661 | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301 | Regin Divis P.O. | LING ADDRESS: stration Section ion of Corporations Box 6327 bassee, Florida 32314 | |
| Enc | losed is a check for the follow | ing smount: | | |
| - \$25 Filing Fee ☐ \$55 | | | Filing Fee & Certific | ł Copy |
| MUS19 /8/05 | n ' | | | |

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: SVI-INTERNATIONAL, L.L.C. 2. The mailing address of the limited liability company is : 1890 NW 82ND AVENUE SUITE 102 MIAMI, FLORIDA, 33126 09/07/1999 L99000005611 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: JENNIFER C. FINCH Name 2340 SW 2ND AVE Address GAINESVILLE, FLORIDA, 32607 City, State and Zip 6. The name and address of the new registered agent and/or office: PATRICIA **CARTAYA** 1890 N.W. 82ND AVENUE SUITE 102 Florida street address (P.O. Box NOT acceptable) FL 33126 MIAMI, City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. member or anthorized representative of a member) (Printed or typed name of signee)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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 auties, and Lamfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 618, F.S. Or, if this document is being filed to merely reflect a change in the registered office address functions from that the limited liability company has been notified in writing of this change.

INH\$18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00