Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000214269 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

က်

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC REGISTERED AGENT CHANGE FIERCE BRANDS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FIERCE BRANDS L	LC
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this mate	er to the following:
Joshua Murphy	
Name of Person	<del></del>
Registered Agent Solutions, Inc.	
Firm/Company	<del></del>
Corporate Center One, 5301 Southwest Pky	vy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	se call:
Joshua Murphy	(888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314
Enclosed is a check for the following amo	ount:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

15129570210

## 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

rioriaa 	FIERCE R	RANDS LLC	;		
	me of the limited liability company: THE ROLL B  1601 Belvedere Rd Ste 500E	(b) 1601 Belvedere Rd Ste 500E  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	West Palm Beach, FL 33406	West F	alm Beac	ch, FL 33406	
	12/26/2012	– —— M1200	0007250	)	
3.	Date of filing/registration in Florida	4.	Document n	umber	
	BLUMBERGEXCELSIOR CORPORATE SE	RVICES INC.			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept, of Sta	<del>-</del> le:		
	155 OFFICE PLAZA DRIVE, 1ST FLO				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	_		
	TALLAHASSEE	32301	<del>-</del> 	,	
(b)	Registered Agent Solutions, Inc.	_			
(-)	Enter name of NEW Registered Agent and/or NEW Registered				
	155 Office Plaza Dr.	<del>,</del>	<del></del>	2,73.	
	NEW Registered Office Address:				
	Suite A		_		
	Tallahassee	32301	_		
agent	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iability company, it of the limited liabil	is hereby con	firmed that the change(s)	
s/ R	Robbie Sprechman	Robbie Spr	echman	Authorized Persor	
	ature of a member or authorized representative of a member			ped name of signee	
I here provis the ob to mer	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I	ree to act in this ca e performance of m ed for in Chapter 6 hereby confirm tha	pacity. I furt w duties, and i 95, F.S. Or. i at the limited l	ner agree to comply with the lam familiar with and acce of this document is being file liability company has been	

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

Mackenzie Hart, Asst. Secretary

notified in writing of this change.

Signature of Registered Agent