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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: UNITED AGENT GROUP INC. Account Name

Account Number : I20160000086

1 (561)508-5033

Phone

: (561)694-1639

Fax Number

**Enter the email address for this business entity to be used for this business entity to be used for this business entity to be used for the annual report and the same and the annual report mailings. Enter only one amail address please

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Email Address:

LLC REGISTERED AGEN® CHANGE

MAIDENFORM LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	COVEREDITER					
TO: Registration Section Division of Corporations	in the state of th					
SUBJECT:	: <u>발</u>					
	of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
Lauren Underwood						
Name of Person						
	i ĝe Post					
Firm/Company						
rino Company	÷.					
11380 Prosperity Farms Rd #221E	<u></u>					
Address						
Palm Beach Gardens, FL 33410						
City/State and Zip Code	.f2;					
govdocs@unitedagentgroup.com						
E-mail address: (to be used for future annu	al report notification)					
For further information concerning this matter, p	lease call:					
Lauren Underwood	561 508-5033					
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. Sex 6326 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

H18000142636

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	me of the limited liability company: Maldenforn	n LLC		124.	
2.	(a)	Principal office address of limited liability company:		(b)		
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 ; "	(-).	Ng de l' L'	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1000 EAST HANES MILL ROAD			1000 E	EAST HANES MILL ROAD
		WINSTON-SALEM, NC 27105		1	WINS	TON-SALEM, NC 27105
		12/11/2013		M	113000	0007831
3.		Date of filing/registration in Florida	4.	_	٠.	Document number
5.	(a)					
	` '	Registered Agent and Registered Office shown on the records CORPORATION SERVICE COMPANY	of the Flori	ida D	ept. of St	tate;
			T 4DDPE	ce		— abo a
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET				
		TALLAHASSEE	FL 3230	1		
				_		
	(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	adde:		
			<u> </u>	- Layer		10
		United Agent Group Inc.	J. G.	; I !	4 4	9
		NEW Registered Office Address:			, i	
		11380 Prosperity Farms Road #221E			<u>. () </u>	
		Palm Beach Gardens	FL_3341	0	. '	
the age was the	cha nt w we arti	mited liability company is not organized under the nge or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the companization of the operating agreement of the companization or the operating agreement of the companization	laws of the of the regularity is of the limited	he Si giste com imite d lial	rist offi pany, it id liabil bility co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
ts	27. ⊿ ignai	ure of a member or authorized representative of a member		HUITE		Printed or typed name of signer
I h pro the to n not	ereb visio obli nere ified	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as provi ly reflect a change in the registered office address, I in writing of this change.	igree to a ite perform ded for in I hereby	nct in man n Ch con	this ca ce of m apter 6 firm tha	• • • •
Sig	natus	Lauren Underwood, Spere of Registered Agent	ciai Seci	reta	ıry	
		Division of Corporations P.O	. Box 63	27•	Taliah	assee, FL 32314

FILING FEE: \$25,00 c

INHS18 (2/14)

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