## M15000002115



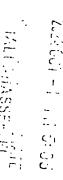
| (Requestor's Name)                      |                   |                 |  |  |  |
|---|-------------------|-----------------|--|--|--|
| (Address)                               |                   |                 |  |  |  |
| (Address)                               |                   |                 |  |  |  |
| (Cit                                    | y/State/Zip/Phone | <del>?</del> #) |  |  |  |
| PICK-UP                                 | WAIT              | MAIL            |  |  |  |
| (Business Entity Name)                  |                   |                 |  |  |  |
| (Document Number)                       |                   |                 |  |  |  |
| Certified Copies                        | _ Certificates    | of Status       |  |  |  |
| Special Instructions to Filing Officer: |                   |                 |  |  |  |
|   |                   |                 |  |  |  |
|   |                   |                 |  |  |  |
|   |                   |                 |  |  |  |

Office Use Only



800437136378

10/01/24--01044--028 \*\*25.00



## COVER LETTER

| TO:         | Registration Section Division of Corporations              |                          |                                      |  |  |  |
|-------------|--|--------------------------|--------------------------------------|--|--|--|
| SUBJE       | UBJECT: LUXURY OBSESSIONS AND FINE JEWELRY, LLC            |                          |                                      |  |  |  |
|             |  |                          | .iability Company                    |  |  |  |
| Dear Si     | r or Madam:  |                          |                                      |  |  |  |
| The enc     | losed Registered Agent/Registered Off                      | ice Change an            | d fee(s) are submitted for filing.   |  |  |  |
| Please r    | eturn all correspondence concerning th                     | is matter to the         | e following:                         |  |  |  |
| DONALI      | D MCCARTNEY  |                          |                                      |  |  |  |
|             | Name of Person   |                          | <u> </u>                             |  |  |  |
| LUXUR       | Y OBSESSIONS AND FINE JEWELRY                              |                          |                                      |  |  |  |
|             | Firm/Company   |                          |                                      |  |  |  |
| 7500 CC     | DLLEGE BLVD., 5TH FLOOR                                    |                          |                                      |  |  |  |
|             | Address  |                          |                                      |  |  |  |
| OVERL       | AND PARK, KS 66210   | _                        |                                      |  |  |  |
|             | City/State and Zip Code                                    |                          |                                      |  |  |  |
|             | RTNEY@MCCARTNEYLAW.BIZ                                     |                          |                                      |  |  |  |
| E-          | mail address: (to be used for future and                   | nual report not          | fication)                            |  |  |  |
| For furt    | her information concerning this matter.                    | , please call:           |                                      |  |  |  |
| DONALI      | O MCCARTNEY  | at ( 816                 | , 830-7959                           |  |  |  |
| <del></del> | Name of Person   | at (                     | Area Code & Daytime Telephone Number |  |  |  |
|             | STREET/COURIER ADDRESS:                                    | N                        | 1AILING ADDRESS:                     |  |  |  |
|             | Registration Section                                       |                          | egistration Section                  |  |  |  |
|             | Division of Corporations                                   | Division of Corporations |                                      |  |  |  |
|             | Clifton Building   | P.O. Box 6327            |                                      |  |  |  |
|             | 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Ţ                        | allahassee. Florida 32314            |  |  |  |
|             | Enclosed is a check for the following amount:              |                          |                                      |  |  |  |
|             | <b>☑</b> \$25 Filing Fee                                   | <b>-</b> :               | \$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:   | SIONS                             | AND FINE J                                    | EWELRY  |  |
|--|---|-----------------------------------|---|---|--|
| 2. (a)                                   | 6401 CONGRESS AVENUE  |                                   | (b) 6 COPORATE WOODS                          |   |  |
| (u)                                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _                                 | (0)   | Mailing address of limited liability company: (Note: MAY RE POST COURCE BOD)  |  |
|  | SUITE 175A  |                                   | 8900 INE                                      | DIAN CREEK PARKWAY, SUITE 270   |  |
|  | BOCA RATON, FL 33487  | _                                 | OVERLA  | ND PARK, KS 66210   |  |
|  | 03/20/2015  |                                   | M1500000                                      | 2115  |  |
| 3.                                       | Date of filing/registration in Florida  | 4.                                |   | Document number   |  |
| 5. (a)                                   | CORPORATION SERVICE COMPANY   |                                   |   |   |  |
| J. (a)                                   | Registered Agent and Registered Office shown on the records of  | the Flor                          | ida Dept. of St                               | ate:  |  |
|  | 1201 HAYS STREET  |                                   |   |   |  |
|  | Registered Office Address (MUST BE FLORIDA STREET   | ADDRE.                            | <u> </u>                                      | _   |  |
|  |   |                                   |   |   |  |
|  | TALLAHASSEE , FL  | 32301                             |   |   |  |
| (b)                                      | Registered Agents Inc   |                                   |   |   |  |
| (-)                                      | Enter name of NEW Registered Agent and/or NEW Registered  | Office :                          | nddress:                                      | <del>-</del>  |  |
|  | 7901 4th St N   |                                   |   | 77. — — — — — — — — — — — — — — — — — —   |  |
|  | NEW Registered Office Address:  |                                   |   |   |  |
|  | STE 300   | <u> </u>                          |   | <del>-</del>  |  |
|  | St. Petersburg , FL   | 33702                             |   | _   |  |
| the cha<br>agent v<br>was/we<br>the arti | imited liability company is not organized under the latenge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | f the reginability of the limited | gistered offi<br>company, it<br>imited liabil | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. |  |
| Signa                                    | ture of a member or authorized representative of a member   |                                   |   | Printed or typed name of signee   |  |
| provisi<br>the obl<br>to mer<br>notifie  | by accept the appointment as registered agent and agi<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I<br>d in writing of this change.                  | perfored for in                   | mance of m<br>1 Chapter 60                    | v duties, and I am familiar with and accept<br>D5, F.S. Or, if this document is being filed   |  |
|  | David Roberts - Assistant S   | ecretary                          | 1   |   |  |
| Signatu                                  | re of Registered Agent  |                                   |   |   |  |