

AUG/30/2016 TUE 01:00 PM

FAX No.

001/002

8/30/2016

Division of Corporations

Florida Department of State  
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LLC REGISTERED AGENT CHANGE  
CHARITYBOX LLC

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TALLAHASSEE, FLORIDA

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EXAMINER

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AUG 31

# 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. Name of the limited liability company: CHARITYBOX LLC
2. (a) 2890 W. STATE ROAD 84  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
SUITE: 113  
FORT LAUDERDALE, FL 33312
- (b) 2890 W. STATE ROAD 84  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
SUITE: 113  
FORT LAUDERDALE, FL 33312
3. 08/31/2015  
Date of filing/registration in Florida
4. M15000006934  
Document number
5. (a) LEVI PRUSS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2890 W STATE ROAD 84  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE: 113  
FORT LAUDERDALE, FL 33312
- (b) EXPRESS CORPORATE FILING SERVICES, INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1000 PONCE DE LEON BLVD.  
NEW Registered Office Address:  
STE: 105  
CORAL GABLES, FL 33134

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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.

Gideon Gratsiani  
Signature of a member or authorized representative of a member

GIDEON GRATSIANI

Printed or typed name of signer

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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