

P03000092013

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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

Email Address: jbaden@triadpros.com

REGISTERED AGENT CHANGE
FASHION MALL MANAGING MEMBER CORP.

Certificate of Status	0
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DIVISION OF CORPORATIONS
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204/17

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
(((H15000093711 3)))

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fashion Mall Managing Member Corp.

2. The principal office address: 150 E 58th Street, Penthouse

NEW YORK, NY 10155

3. The mailing address (if different):

4. Date of incorporation/qualification: 8/21/2003

Document number: P03000092013

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DIVERSIFIED CORPORATE SERVICES INTL, INC.

18560 NORTH BAY ROAD

SUNNY ISLES BEACH, FL 33160

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

NRAI Services, Inc.

1200 S. PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Yehuda Sheinfeld

Signature of an officer or director

Printed or typed name and title

Yehuda Sheinfeld, Authorized Person

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

4/13/2015

Date

Signature of Registered Agent

If signing on behalf of an entity:

Krahm, Asst Secretary to NRAI

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
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