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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335 ; (305)599-0839

Fax Number

: (305)716-0346

## REGISTERED AGENT CHANGE

CRAZY JEANS CORP.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607,0502, 617,05 ange is submitted for a corporation orga			
iń orde	er to change its registered office or regis	tered agent, or both, in the State of Fla	ortda.	
1. The name of	the corporation: CRAZY JEANS CORP	· · · · · · · · · · · · · · · · · · ·		
2. The principal	office address: 8290 LAKE DRIVE SUI	TE 338, DORAL FL 33166		
3. The mailing a	address (if different): 8290 LAKE DRIVE	E'SUITE 338, DORAL FL 33166		
4. Date of incor	poration/qualification: 10/02/2006	Document number; P0600012	:5802	
	d street address of the current registered; timent of State:	igent and registered office on file with	the	
	GOMEZ DE LA VEGA, MARIA	<i>N</i>		
	5902 NW 113 PLACE			
	DORAL, FL 33178	, ;		
6. The name and (if changed):	I street address of the new registered age	or (if changed) and for registered office	LA E	•
	SANCHEZ, MAGALY		HAS	per l
	8290 LANE DRIVE SUITE 338	<b>3</b> .	SE ST	3
•	(P.O. Place NOT neceptable	)	~~ ~~ <b>⊋</b>	ľ
	DORAL FL 33166	. ,	12: ( STA	1
	ss of its registered office and the street be identical.	· · · · · · · · · · · · · · · · · · ·	registered agent.	70
Such change wa authorized by th	is authorized by resolution duly adopte to board, or the corporation has been no	d by its board of directors or by an or officed in writing of the change.	fficer so	
C. Constant	sen Canel U	MAGALY SANCHEZ	4	
	the appointment as registered agent an o comply with the provisions of all stat of a familiar with and accept the old no filed merely to reflect a change in the been notified in writing of this change	d agree to uct in this capacity, utes relative to the proper and comp ignion of my position as registered of e registered affice address. I hereby	lete performance agent. Or, if this confirm that the	
Of oran	LA Come Check	05/14/2007		
Il signing on be	half of an entity:			
\ 8	(1986-4) Ninted Name) *** FILING FE	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6527, TALLAHASSEE, FL 32314 CR2E045 (8/05)