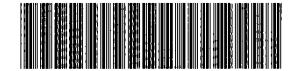
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Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJECT: Danielle Rosen, Inc. Name of Corporation					
DOCU	JMENT NUMBER:	P09000	061186		
The en	closed Statement of Change	of Registered Office/Ag	ent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
		Danielle Ro Name of Contact	sen Person		
	NATION AND ADDRESS OF THE PARTY	Danielle Rose Firm/Compa	n. Inc.		
1461 S.E. Belcrest Street Address					
		7134.400			
		Port St. Lucie E	1 34952		
Port St. Lucie, EL 34952 City/State and Zip Code					
d righte@hotmail.com					
d riehle@hotmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Danielle Rose	en at	(305) 546-2507 Area Code & Daytime Telephone Number		
	Name of Contact Per	rson	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
	P.O. Box 6	nt Section f Corporations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (M05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Danielle Rosen, Inc.
2. The principal office address: 1461 S.E. Belcrest Street
Port St. Lucie, FL 34952
3. The mailing address (if different): 277 Gold Street, Apartment 12-P
New York, NY 11201
4. Date of incorporation/qualification: 7/20/2009 Document number: P09000061186
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)
Danielle Rosen
677 NE 24th Street, Apartment 406
Miami, FL 33137
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Danielle Rosen
1461 S.E. Belcrest Street PO. Box NOT acceptable
Port St. Lucie, FL 34952
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 supported by the board, or the corporation has been notified in writing of the change.
Sugnification of the President Printed of typed Matthe and tritle
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.
Signature of Registered Agent 11/10/10 Date
If signing on behalf of an entity:
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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