

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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REGISTERED AGENT CHANGE GIRAFFAS USA HOLDING, INC.

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DEC 22 2014

T. CARTER

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12/17/2014 DEC-18-5014 18:03

December 18, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GIRAFFAS USA HOLDING, ÎNC. ***FAX FILING***BUSINESS FILINGS*** SUITE 216 MIAMI, FL 33132

SUBJECT: GIRAFFAS USA HOLDING, INC.

REF: P13000100958

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14 DEC 19 AN 7:52 SECRETARY OF STATE TALLAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Fax Audit: H140002913133

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

		0502, 607,1508, or 617,1508, Florida Statutes, t gantzed under the laws of the State of Florida	his	
		gistered agent, or both, in the State of Florida.		•
	f the corporation: GIRAFFAS USA HOL	DING INC		
	al office address: 1444 BISCAYNE BLV			
2. The panicipa				
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 12/20/2013	Dосишен mumber: P13000100958		
5. The name ar		ed agent and registered office on tile with the		
	ZAYAS MORILLAS LLC	- '		
	6303 BLUE LAGOON DRIVE, SUITE	400	14	TAL 38
	MIAMI, FL 33126		DEC	CRE!
6. The name as (if changed)		ngent (if changed) and for registered office	19 AM	ARY OF
	Business Filings Incorporated		=	FLC.
	515 E. Park Avenue		: 50	REE
	P.O Box !	NOT acceptable		▶ .
	Tallahassee, Florida 32301			,
The street add	ress of its registered office and the stre li be idenneal.	eer address of the business office of its registere	ed agent.	*
Sich change wanted by the second seco	vas authorized by resolution duly adoptic board, or the corporation has been	sted by its board of directors or by an officer so notified in writing of the change.		
185	The of an office or director	Joan Harbosa, President		
I hereby accept further agree performance of agent. Or, if the thereby confirm	-	and agree to act in this capacity tather relative to the proper and complete to decept the obligation of my position as regist reflect a change in the registered office address in writing of this change.	ered , I	
Madel		1st day of December, 2014		
	quante of Registred Agent	Disc	· · · · · · · · · · · · · · · · · · ·	
	chalf of an entity:			
Mark Williams,				
•	Typed or Printed Name			
		FEE: \$35.00 * * *		
N	MAKE CHECKS PAYABLE TO F fail to: Division of Corporations,	LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314		

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