

P94000031544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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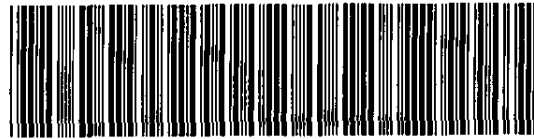
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*TR 1-7-4*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 JAN -7 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 5, 2010

ALICIA CONSTAIN  
SELECTED BRANDS INC  
5321 FISHER ISLAND DR  
MIAMI, FL 33109

SUBJECT: SELECTED BRANDS, INC.  
Ref. Number: P94000031544

We have received your document for SELECTED BRANDS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 710A00011247

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Selected Brands, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P94000031544

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia Constrain  
Name of Contact Person

Selected Brands, Inc  
Firm/Company

5321 Fisher Island Dr.  
Address

Miami, FL 33109  
City/State and Zip Code

deb@constrain.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Garcia at (305) 377-8851  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Selected Brands, Inc.  
2. The principal office address: 5321 Fisher Island Dr  
Miami, FL 33109  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4-26-94 Document number: P9400003152/4  
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)

Constrain, Alicia  
848 Brickell Ave #205  
Miami, FL 33131

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

Constrain, Alicia  
5321 Fisher Island Dr  
Miami, FL 33109

P.O. Box NOT acceptable

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.

X [Signature]  
Signature of an officer or director

Alicia Constrain  
Printed or typed name and title

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.

X [Signature]  
Signature of Registered Agent

12-22-2010  
Date

If signing on behalf of an entity:

Alicia Constrain  
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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