G17706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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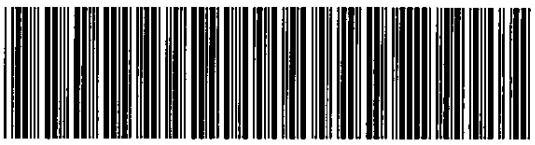

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 25 PM 3:14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PBS DESIGNS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P17706

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:

SHARI LEONARD
(Name of Contact Person)

PBS DESIGNS, INC.
(Firm/Company)

3301 BAYSHORE BLVD
(Address)

2006 TAMPA, FLA. 33629
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARI LEONARD at (813) 531-9879
(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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2007

SHARI LEONARD
D.B.S. DESIGNS, INC.
3301 BAYSHORE BLVD. #2206
TAMPA, FL 33629

SUBJECT: D.B.S. DESIGNS, INC.
Ref. Number: G17706

We have received your document for D.B.S. DESIGNS, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 107A00061095

RECEIVED
2007 OCT 25 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: D.B.S. DESIGNS, INC.

2. The principal office address: 3301 BAYSHORE BLVD #206 TAMPA, FLA. 33629

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 1/06/1983 Document number: G17706

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SHARI LEONARD
P.O. BOX [illegible]
TAMPA FLA. 33690

300 S. HYDE PARK AVE Suite 200 TAMPA FLA 33606

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

SHARI LEONARD
3301 BAYSHORE BLVD
(P.O. Box NOT acceptable)
Suite # 206
TAMPA, FLA. 33629

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.

(Signature of an officer or director) SHARI LEONARD PRESIDENT (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.

(Signature of Registered Agent) 10/09/07 (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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DIVISION OF CORPORATIONS
07 OCT 25 PM 3:14

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

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

CR2E045 (8/05)