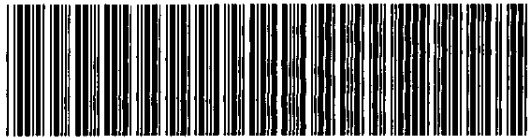


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DIVISION OF CORPORATIONS
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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@ 3/4/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOT BUCKLES INC
Name of Corporation

DOCUMENT NUMBER: P05000106884

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:

NIR APPELTON
Name of Contact Person

HOT BUCKLES INC
Firm/Company

3245 NE 184TH ST. #13311
Address

AVENTURA, FL 33160
City/State and Zip Code

INFO@HOTBUCKLES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIR APPELTON at (954) 925-0023
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

December 3, 2010

NIR APPELTON
HOT BUCKLES INC
3245 NE 184TH ST. #13311
AVENTURA, FL 33160

SUBJECT: HOT BUCKLES INC
Ref. Number: P05000106884

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 810A00028189

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: HOT BUCKLES INC
- 2. The principal office address: 4097 N 28TH WAY
HOLLYWOOD, FL 33020
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: AUG 02, 2005 Document number: P05000106884

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)

~~HOT BUCKLES INC~~ Nir Appelton
5416 AIRPORT BLVD
TAMPA, FL 33634

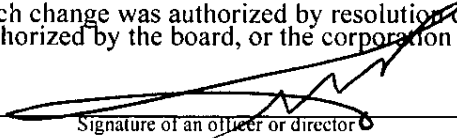
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DIVISION OF CORPORATIONS
11 MAR - 4 PM 1:10

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

~~HOT BUCKLES INC~~ Nir Appelton
4097 N 28TH WAY
P.O. Box NOT acceptable
HOLLYWOOD, FL 33020

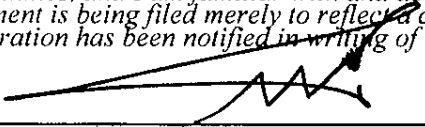
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

NIR APPELTON
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

11/08/2010
Date

If signing on behalf of an entity:

NIR APPELTON
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