

P97000008009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

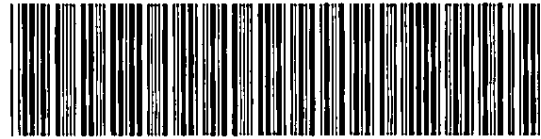
(Business Entity Name)

(Document Number)

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2018 DEC 17 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 26 2018
C. McNAIR

COVER LETTER

2010 DEC 17 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: PISTILS & PETALS FARM DIRECT INC.
Name of Corporation

P97000008009

DOCUMENT NUMBER:

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:

THIERRY SAVINEAU

Name of Contact Person

MCR PARTNERS, INC.

Firm/Company

20533 BISCAYNE BLVD (1301)

Address

MIAMI, FL 33180

City/State and Zip Code

MCRPARTNERS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THIERRY SAVINEAU

786 607-2005

Name of Contact Person at () 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PISTILS & PETALS FARM DIRECT INC.
2. The principal office address: 1060 ALTON RD
MIAMI BEACH, FL 33139
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/27/1997 Document number: P97000008009

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)

Miguel M. Juncadella, CPA, P.A.

299 Alhambra Circle (Suite 312)

Coral Gables, FL 33134

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

MCR PARTNERS, INC.

20533 BISCAYNE BLVD (1301)

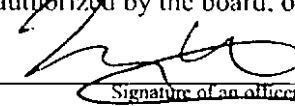
P.O. Box NOT acceptable

MIAMI, FL 33180

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

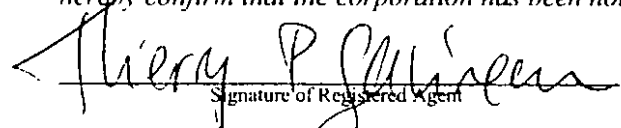
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

NICOLAS NANNETTI
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

12/12/10
Date

If signing on behalf of an entity:

Thierry Savineau, President - MCR Partners, Inc.
Typed or Printed Name

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