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TALLAHASSEE, FLORIDA

J. BRYAN

APR 14 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: "My Buddy Bag"

(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

shirley zecher

(Contact Person)

shirley zecher

(Firm/Company)

195 se andrews dr

(Address)

Lake City FL 32025

(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

shirley zecher

(Name of Contact Person)

at (386) 7550607

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:



\$50 Filing Fee and Certificate of Registration (Free of Charge)



\$102.50 Filing Fee, Certified Copy, and Certificate of Registration (Free of Charge)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF CHANGE OF NAME
OF THE REGISTRANT OR APPLICANT OF A
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION**

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: "My Buddy Bag"

2. Registration Number: ~~L09000093339~~ T09000001088

3. Date of Registration: ~~sept 30 2009~~ 10/15/2009

4. a. Name of owner as it appears on the trademark/service mark registration:
czdesigns LLC

b. Address of owner as it appears on the trademark/service mark registration:
195 se andrews dr
Lake City FL 32025

5. a. New name of owner:
szdesigns LLC

b. New mailing address, if applicable:

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TALLAHASSEE, FLORIDA

SIGNATURE:

Owner's Signature: _____

Shirley Zecher

Typed/Printed Name of Person Signing: shirley zecher

STATE OF fl

COUNTY OF columbia

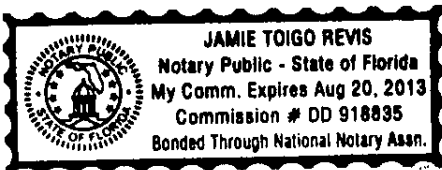
On this 31 day of march, 20 10

shirley zecher

(Enter Name of Person Signing Above)

Personally appeared before me, who is personally known to me or whose identity I proved on the basis of _____

(Seal)



Jamie Toigo Revis
Notary Public's Signature

Jamie Toigo Revis
Notary Public's Printed Name

My Commission Expires: August 20, 2013

(Attach additional sheet if necessary)

Filing fee: \$50.00
Certificate of Registration: Issued Free of Charge
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

April 2, 2010

To whom it may concern:

I, Carol Cieslik, no longer have any part in the business under the name of "My Buddy Bag".

Carol Cieslik

Carol Cieslik

4/2/10

Jamie Toigo Revis



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