

**T090000001088**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

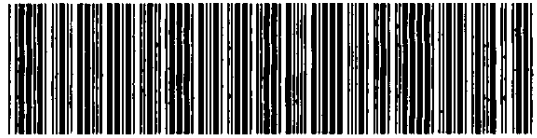
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**100175115431**

04/12/10--01061--022 \*\*50.00

**FILED**  
**10 APR 12 PM 2:57**  
**SECRETARY OF STATE**  
**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)

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

FILED  
10 APR 12 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**FILED**  
10 APR 12 PM 2:58  
SECRETARY OF STATE  
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**

**FILED**  
10 APR 12 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

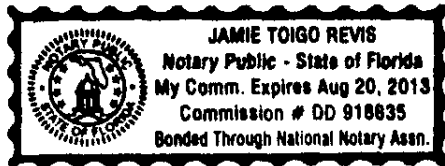
April 2, 2010

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*



FILED  
10 APR 12 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA