## 579016

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PICK-UP WAIT MAIL
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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION

TROSERS JUL 08 2009

## COVER LETTER

	<b>^</b>	
TO: Amend Divisio	ment Section n of Corporations	
SUBJECT:	CAVANAUGHS IN	C. poration
DOCUMENT	NUMBER: 579016	
The enclosed St	atement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	o the following:
		<u> </u>
	DAVID SILVE Name of Conta	TZ ict Person
	Firm/Com	pany
	6820 SW 8 Addres	TERRACE #5141
	MIPMI FL City/State and	33143 Zip Code
	DAVID. SILVER @ CE E-mail address: (to be used for futi	WAN AUGHSHOES.COM ure annual report notification)
For further information concerning this matter, please call:		
DAVI	D SILVE2 Name of Contact Person	at (305) 667.0419 Area Code & Daytime Telephone Number
1	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Departme	ent 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CAVANAUGH'S, INC.
2. The principal office address: 6820 SW 81 TERRACE #5141
MIAMI, FL 33143
3. The mailing address (if different):
4. Date of incorporation/qualification: 7131978 Document number: 579016
<ol> <li>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)</li> </ol>
DAVID SILVER
5828 SUNSET DEIVE 3
MIAMI, FL 33143
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  OAVID SILVED  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DAVID SILVER
6820 SW 81 TERRACE #5141  P.O. Box NOT acceptable
MIPM), FL 33143
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.
DAVID SILVER PRES.  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 Register of Agent Date
If signing on behalf of an entity:
DAVID SILVER
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 CR2E045 (8/05)