F-0600007453

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	"
		i

Office Use Only



600253950826

12/09/13--01013--011 **35.00

SECRETARY OF STATE
A WISHING OF CONTRACTION

DEC 13 2013
T. LENGELLY

COVER LETTER

Division of Corporations
SUBJECT: Misty Flowers Inc. Name of Corporation
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:
Misty Flowers Inc. Firm/Company 4820 Province Line Ro Address City/State and Lip Code Loca-ahm @ Sbiglobal.net E-mail address/(to be used for future annual report notification)
For further information concerning this matter, please call: George H. M. Laughling at 609 929-0604 Name of Contact Person at Code & Daytime Telephone Number
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 the
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Wish, Howers 200.
2. The principal office address: 4820' Province Line Ross
Princeton, N.J. 08540
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/8/1555 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned)
Mark Coel
1900 Glades Road (Suite 350)
Boca Ration FL 73431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): **Richard Surico** **Proposition** **Proposi
2605 N.W. PRBUSHPT acceptable ve
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 George H. W. Jaughlin M. Signature of an officer or director
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 Vate
If signing on behalf of an entity:
Typed or Printed Name

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

X