

F13000001114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

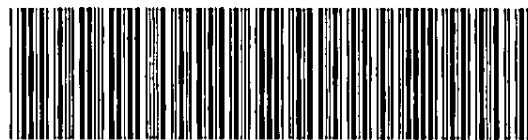
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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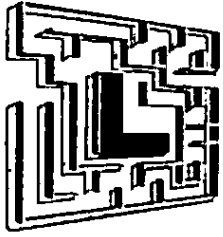
S TALLENT

MAR 15 2019

19 MAR 15 PM 11:00
RECEIVED
MAR 15 2019

FILED

R/A-CH



Labyrinth, Inc.

March 12, 2019

Susan Tallent
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Random Acts of Flowers
Ref #: F13000001114

Dear Ms. Tallent:

We received your letter dated February 28, 2019, requesting additional information. A copy of the letter is attached.

As requested, enclosed is Form CR2E045 signature page with name and title of person signing document.

Should you require any additional information for the completion of this registration, please do not hesitate to contact me at 760-931-2620 ext. 229 or via email at toni@labyrinthinc.com.

Sincerely,

Toni Chiariello

RECEIVED

2019 MAR 15 AM 10:49

SECRET
TALLAHASSEE, FL

cc: Molly Landmesser



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2019

BECKY DRURY
LABYRINTH, INC.
1959 PALOMAR OAKS WAY, SUITE 300
CARLSBAD, CA 92011

SUBJECT: RANDOM ACTS OF FLOWERS INC.
Ref. Number: F13000001114

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 719A00004272

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Random Acts of Flowers Inc.
Name of Corporation

DOCUMENT NUMBER: F13000001114

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:

Becky Drury
Name of Contact Person
Labyrinth, Inc.
Firm/Company
1959 Palomar Oaks Way, Suite 300
Address
Carlsbad, CA 92011
City/State and Zip Code
toni@labyrinthinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky Drury 760 931-2620 xt 118
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 TN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Random Acts of Flowers Inc.
2. The principal office address: 3500 Workman Rd. 101-A
Knoxville, TN 37921
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/12/2013 Document number: F13000001114

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)

Northwest Registered Agent LLC,

7901 4th Street N, Suite 300

St. Petersburg, FL 33702

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

Wayne Wilson Treasurer

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

February 07, 2019

Date

If signing on behalf of an entity:

Kim Barajas on behalf of InCorp Services, Inc.

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 (03/12)

FILED
19 MAR 15 PM 11:00
TALLAHASSEE, FL