

F160000002819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

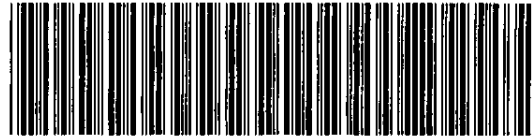
(Business Entity Name)

(Document Number)

Certified Copies _____ . Certificates of Status _____

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07/11/16--01010--029 **35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rock A Bye Baby Corporation
Name of Corporation

DOCUMENT NUMBER: F16000002819

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:

Hannah Francois
Name of Contact Person

Rock A Bye Baby
Firm/Company

17890 NE 831st Ct. APT 3224
Address

Aventura, FL 33160
City/State and Zip Code

RockAByeBabyMiami@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hannah Francois at (615) 767-7995
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rock A Bye Baby
2. The principal office address: 17890 NE 31st Ct. APT 3224 Aventura, FL 33160

3. The mailing address (if different): Same ↑

4. Date of incorporation/qualification: 6/20/16 Document number: F16000002819

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)

Hannah Francois
14060 Biscayne Blvd. APT 515
10MB, FL 33161

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

Hannah Francois
• 17890 NE 31st Ct. APT 3224
P.O. Box NOT acceptable
Aventura, FL 33160

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.

A. Francois
Signature of an officer or director

Hannah Francois
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.

A. Francois
Signature of Registered Agent

7-2-16
Date

If signing on behalf of an entity:

Typed or Printed Name

**FILING CANCELLED
RETURNED CHECK**

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314