Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:



## **REGISTERED AGENT CHANGE** FLORISTS' TRANSWORLD DELIVERY, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35.00 |

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Help

MAY 2 8 2015 T CANNON 5/27/2015 12:53:49 PM From: To: 8506176380( 2/3 )

## **COVER LETTER**

| TO:    | Amendment Section Division of Corporations                                |   |
|--------|---|---|
| CIID I | FLORISTS' TRANSWORLD DELIVERY, IN   | c.  |
| SOBJ   | Name of C   | orporation  |
| DOC    | F95000003307  |   |
| The e  | nclosed Statement of Change of Registered Offic                           | e/Agent and fee are submitted for filing.                                   |
|        | return all correspondence concerning this matte                           |   |
|        |   |   |
|        | Name of Con   | ntact Person  |
|        | Firm/Co   | ompany  |
|        | Add   | ress  |
|        | City/State ar   | nd Zip Code   |
|        | E-mail address; (to be used for f   | uture annual report notification)   |
| For fu | rther information concerning this matter, please                          | call:   |
|        | Name of Contact Person  | at () Area Code & Daytime Telephone Number                                  |
| Enclo  | sed is a \$35.00 check made payable to the Depar                          | iment of State.   |
|        | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building |
|        | Tollahassee FL 32314  | 2661 Evenutive Center Circle  |

Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha  | inge is submitted for a corporation organi   | 2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of Michigan  | is<br>    |              |
|---|--|---|-----------|--------------|
| <del>-</del>  | <b>*</b> - " -   | red agent, or both, in the State of Florida.  |           |              |
| I. The name of  | the corporation: FLORISTS' TRANSWOR  | LD DELIVERY, INC.   |           |              |
|   | office address: 3113 WOODCREEK DR<br>GROVE, IL 60515   |   |           |              |
| 3. The mailing a  |  |   |           |              |
| 4. Date of incor  | poration/qualification: 07/05/1995   | Document number: F95000003307   |           | <del></del>  |
|   | d street address of the current registered aptrement of State: (If resigned, enter resigned  |   |           |              |
|   | CORPORATION SERVICE COMPANY  |   |           |              |
|   | 1201 HAYS STREET   |   |           | ₹s.          |
|   | TALLAHASSEE, FL 32301  |   | 5 HA      | ECHE<br>ECHE |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |   | MAY 27 /  | TARYO        |
|   | C T Corporation System   |   | # I       |              |
| c/o C T Corporation System, 1200 South Pine Island Road   |  |   | : 52      | TATE         |
|   | P.O. Box NOT acceptable Plantation, Florida 33324  |   | 10        | A            |
| The street addr   | ess of its registered office and the street a  | address of the business office of its registere   | d agent,  |              |
|   |  | by its board of directors or by an officer so iffied in writing of the change.  |           |              |
| Wich  | d McCiai   | Nichal McCroy   |           |              |
|   | ure of an officer or director  | Printed or typed name and little  |           |              |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if the<br>hereby confirm                     | t the appointment as registered agent and<br>to comply with the provisions of all statt<br>f my duties, and I am familiar with and a<br>his document is being filed merely to refle<br>that the corporation has been notified it | d agree to act in this capacity,<br>utes relative to the proper and complete<br>ccept the obligation of my position as registe<br>ect a change in the registered office address,<br>n writing of this change. | ered<br>I |              |
| By:   | rporation System FWX Bold  | 5/20/2015   |           |              |
| If signing on b   | gnature of Registered Agent<br>chalf of an entity:<br>istin Bolden<br>itant Secretary  | LFEUR   |           |              |
|   | 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)