ision of Corportions

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694~8107

Fax Number

: (561)694~1639

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## REGISTERED AGENT CHANGE HALLMARK SWEET, INC.

Certificate of Status	0	
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4/10/13 11:41 AN

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingression or section organized under the laws of the State of Rhode Island or to change its registered office or registered agent, or both, in the State of Florida.
1 The name of the	the composition: HALLMARK SWEET, INC.
2. The principal	office address: 49 PEARL STREET ATTLEBOROUGH, MA 02703
3. The mailing a	address (if different):
4. Date of incom	poration/qualification: 09/04/1998 Document number: F9800005026
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)
	C T CORPORATION SYSTEM
	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporate Creations Network Inc.
	11380 Prosperity Farms Road #221E
	Palm Beach Gardens, FL 33410
The street address	ss of its removal and
Such charge was	ss of its registered office and the street address of the business office of its registered agent.
authorized by the	c board, of the corporation has been notified in writing of the change.
hereby as	Kristine Roy, as Attorney-in-Fact
I further offer to	he appearation is registered deem and agree to act in this capacity.  The appearation is registered deem and agree to act in this capacity.  The appearation of an statutes relative to the proper and complete action in the capacity.  The appearation of an statutes relative to the proper and complete action as the capacity of the complete action of any position as registered action complete in the capacity position as registered of the capacity of this change.  The appearation is registered action of the proper and complete action of the capacity position as registered of the capacity of this change.  Out 100010
hereby dongirm th	accument is benefitor with find accept the obligation of my position
Little	notified in writing of this change. The registered office address of
If signing on behalf	
Typed	Prov. Special Secretary
Mass	MAKE CHECKE THE STATE OF THE ST

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE CR2E045 (03/12)

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327. TALLAHASSEE, FL 32314