F99000005021

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ACCOUNT	NO.	•	I20000000195
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REFERENCE

3052 725914

AUTHORIZATION

COST LIMIT : \$ 35.00

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ORDER DATE: December 11, 2012

ORDER TIME : 2:19 PM

ORDER NO. : 453052-005

CUSTOMER NO: 7259141

CHANGE OF AGENT

NAME: CALICO COTTAGE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of ci	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of New York ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name o	f the corporation: CALICO COTTAGE, INC.
	al office address: 210 New Highway, Amityville, NY 11701-1116

3. The mailing	address (if different):
4. Date of inco	rporation/qualification: 09/24/1999 Document number: F9900005021
5. The name ar	rporation/qualification: 09/24/1999 Document number: F99000005021 Indication of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) Irving I Lesnick 1200 N. Federal Hwy, Ste 200 Boca Raton, FL 33432-2845
	Irving I Lesnick
	1200 N. Federal Hwy, Ste 200
	Boca Raton, FL 33432-2845
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	P.O. Box NOT acceptable Tallahassee, FL 32301
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- / /	Mark L Wurzel, President Printed or typed name and title
Corporation	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. on Service Company
By: X · Sig	nature of Registered Agent Date
f signing on be	half of an entity:
	ng, Asst Vice President
T	ened or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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