

LD800'00094061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wrong form

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BABY GIFTS 101  
Name of Corporation

**DOCUMENT NUMBER:** L08000094061

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:

BETHANN SCOTT  
Name of Contact Person

BABY GIFTS 101  
Firm/Company

101 RIO DEL MAR ROAD, SUITE C  
Address

ST AUGUSTINE FL 32080  
City/State and Zip Code

sales@babygifts101.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETHANN SCOTT at ( 904 ) 806 2752  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2010

BETHANN SCOTT  
101 RIO DEL MAR ROAD, STE. C  
ST. AUGUSTINE, FL 32080

SUBJECT: BABY GIFTS 101, LLC  
Ref. Number: L08000094061

We have received your document for BABY GIFTS 101, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 710A00025677

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: BABY GIFTS 101

2. (a) Principal office address of limited liability company: 6045 A1A S, SUITE B

**(Note: MUST BE STREET ADDRESS)**

ST AUGUSTINE, FL 32080

(b) Mailing address of limited liability company: 6045 A1A S, SUITE B

**(Note: MAY BE POST OFFICE BOX)**

ST AUGUSTINE, FL 32080

10/1/2008

L08000094061

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

BETHANN SCOTT

Registered Office Address:

6045 A1A S, SUITE B  
ST AUGUSTINE, FL 32080

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

101 RIO DEL MAR ROAD, SUITE C  
ST AUGUSTINE, FL 32080

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Bethann Scott

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**