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,	(Requestor's Name)
	(Address)
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•	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

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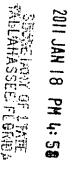
EXAMINER

Office Use Only



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COVER LETTER

Division of Corp							
SUBJECT:	Name of	Flowers	Essentials iability Compa	/ Char	19e of	Ao	ldress
	rame of	i Elillica E	idomicy Compa	,,, ()	
Dear Sir or Madam:							
The enclosed Registered	d Agent/Registered	Office Cha	ange and fee(s)	are submi	itted for f	iling.	
Please return all corresp	ondence concernin	ng this matte	er to the follow	ring:			
N	Hetty Davis	,					
	vers Essentials irm/Company				A co	201	
1032	2 W Sample Rd Address				LAHASSI	I JAN 18	
Coral S	Springs_FL.33065 state and Zip Code	5			EE FLORIED	P# 4: 58	
E-mail address: (10 be use	assentials@att.ne d for luture annual report	t notification)			-		
For further information	concerning this ma	itter, please	call:				
Hetty D		at (g	54) Area Code &		6663 ephone Numl	ber .	
STREET/COUR	IER ADDRESS:		MAILING AD	DRESS:			
Registration Section			Registration Se				
Division of Corpo	rations		Division of Cor	rporations			
Clifton Building 2661 Executive C	antar Cirola		P.O. Box 6327 Tailahassee, Flo	orida 3231	4		
Tallahassee, Flori			i ananassee, Fr	oriua <i>143</i> 1.	•		
Enclosed is a ch	eck for the follow	ing amoun	t:				
\$25 Filing Fe	A		7 \$55 Filing Fo	ee & Certi	fied Copy	/	

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: Flowers Essentials 2. (a) Principal office address of limited liability company: 10322 W Sample Rd (Note: MUST BE STREET ADDRESS) Coral Springs FI 33076 (b) Mailing address of limited liability company: 12395 NW 56 Ct (Note: MAY BE POST OFFICE BOX) Coral Springs FL 33076 27 3250767 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: Hetty Davis 8399 N University Dr Registered Office Address: Tamarac FL 33321 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: <u>10322 W Sam</u>ple Rd [∰]⊕ **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Coral Springs If the limited liability company is not organized under the laws of the State of Florida, it is flereby 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 or the operating agreement of the limited liability company. ams Signature of a member or authorized representative of a member 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. Lhereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent