

N 02 000006919



6285 West Sample Road, Coral Springs, FL 33067  
(business)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

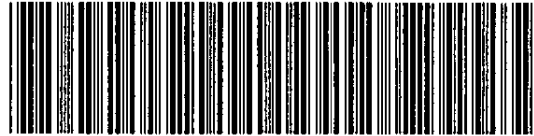
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 17 2015  
C. CARROTHERS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE FABULOUS FLORIDA FOLLIES
2. The principal office address: 6285 W. SAMPLE RD  
CORAL SPRINGS FL 33067
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/10/2002 Document number: NO2000006919
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

SANDRA LECH-BLOOM

563 NW 45<sup>th</sup> DR

P.O. Box NOT acceptable

DELRAY BEACH FL 33445

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Ruth Trimmer  
Signature of an officer or director

Ruth Trimmer sec/treas.  
Printed or typed name and title

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 obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.

Sandra Lech-Bloom  
Signature of Registered Agent

8/12/15  
Date

If signing on behalf of an entity:

SANDRA LECH-BLOOM  
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  
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