P00000045856

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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11/12/04--01022--020 **35.00



RAChg. 18/1/19

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BERNARD KAYE DESIGNS, INC. (Name of corporation)
DOCUMENT NUMBER: P00000045856
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:
JOHN D. SEGAUL, ESQUIRE (Name of contact person)
SEGAUL & STOLL, P.A. (Firm/Company)
8751 WEST BROWARD BOULEVARD, SUITE 404 (Address)
PLANTATION, FL 33324
(City/state and zip code)
For further information concerning this matter, please call:
JOHN D. SEGAUL, ESQUIRE at (954) 424-3600 (Name of contact person) (Area code & daytime telephone number)
(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 409 E. Gaines Street Tallahassee, FL 32399

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: BERNARD KAYE DESIGNS, INC.
	office address: 8670 S.W. 58TH STREET, COOPER CITY, FL 33328
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 5/8/2000 Document number: P00000045856
	d street address of the current registered agent and registered office on file with the rtment of State:
	LEVINE & SEGAUL, P.A.
	4300 NORTH UNIVERSITY DRIVE, SUITE A-106
	FORT LAUDERDALE, FL 33351
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	JOHN D. SEGAUL, ESQUIRE
	8751 WEST BROWARD BOULEVARD, SUITE 404 (P.O. Box NOT acceptable)
	PLANTATION, FL 33324
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Belu	BERNARD KASZOVITZ The of an officer or director (Printed or typed name and title)
I hereby accept	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this and filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
11-1-1	mature of Registered Agent) (Date)
& Jo	half of an entity: h D Separation yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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