

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
221-1173

FILING COVER SHEET
ACCT. #PCA-14

PO00000084507

CONTACT: CINDY HICKS

DATE: 10-31-00

REF. #: 0280

CORP. NAME: 1. Savannah's Inc
2. ~~ABBA's - A.R.C., Inc~~

RA
Change

700003446297--1
-11/01/00--01003--019
*****70.00 *****70.00

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input checked="" type="checkbox"/> OTHER: <u>Change of Agent</u> | | |

FILED
00 OCT 31 PM 5:01
TALLAHASSEE FLORIDA
SECRETARY OF STATE

700003446297--1
-11/01/00--01003--019
*****70.00 *****35.00

STATE FEES PREPAID WITH CHECK# 9276 FOR \$ 70.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- ☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING
☐ CERTIFICATE OF STATUS

☒ PLAIN STAMPED COPY

Examiner's Initials ADR
10/1/00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 OCT 31 PM 4:45
NO FEE TO BE PAID TO AGENCY OF FILING

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Savannah's Inc.
2. The mailing address of the corporation is: Celleo SW 42nd Ct.
Davie, FL 33314
3. Date of incorporation/qualification: 9-7-00 Document number: P00000084507

4. The name and address of the current registered agent and office:

Corp Direct Agents
103 N. Meridian St., Lower Level
Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Barton S. Strock
6600 Taft St, Ste 410
Hollywood, FL 33024

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00 OCT 31 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

10/18/00
(Date)

LEE SCHENBERG, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

10/18/2000
(Date)

If signing on behalf of an entity:

BARTON S. STROCK
(Typed or Printed Name)

(Capacity)

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