

P00000096918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

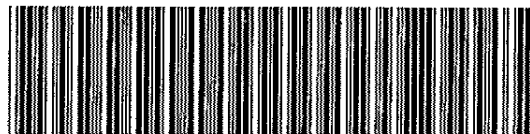
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100056288121

06/20/05--01030--004 **35.00

FILED

05 JUN 22 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-23
Alleg

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Honeybees Frozen Yogurt Inc
(Name of corporation)

DOCUMENT NUMBER: P00000096918

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:

HOWARD MOFSEN
(Name of contact person)

PINCHEVSKY & MOFSEN
(Firm/Company)

9728 W SAMPLE RD
(Address)

CORAL SPRINGS, FL 33065
(City/state and zip code)

For further information concerning this matter, please call:

HOWARD MOFSEN at (954) 753-3545
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 8, 2005

PINCHEVSKY & MOFSEN
% HOWARD MOFSEN
9728 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

SUBJECT: HONEYBEES FROZEN YOGURT, INC.
Ref. Number: P00000096918

We have received your document for HONEYBEES FROZEN YOGURT, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

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) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 005A00040211

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

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

1. The name of the corporation: Honeybees Frozen Yogurt, Inc.
2. The principal office address: 12 Dogwood Rd
Hollywood, FL 33021
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-13-2000 Document number: P00000096918
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Freyda Fellows
12 Dogwood Rd
Hollywood, FL 33021

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 22 PM 1:25

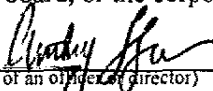
FILED

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

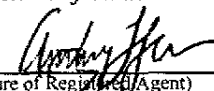
ANTHONY Fellows
12 Dogwood Rd
Hollywood FL 33021
(P.O. Box NOT acceptable)

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.

X  X Anthony L. Fellows
(Signature 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. 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.

X  X 5/25/05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Anthony L. Fellows
(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