## P01000067007

(Requestor's N	ame)			
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WA	IT MAIL			
(Business Entity Name)				
(Document Number)				
(Document Namber)				
Certified Copies Certified	ficates of Status			
Special Instructions to Filing Officer:				
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11/06/03--01021--011 \*\*35.00



RACharge 1/12/00

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	NORTHMIL LADY, INC.
SOURCE:	(Name of corporation)
DOCUMENT NUMBER:	PO1000067007
The enclosed Statement of Change of	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	Mary Christian
	(Name of person)
	Northmil Lady, Inc. (Name of firm/company)
	19509 Saturnia Lakes Dr.
	(Address)
	Boca Raton, FL 33498
	(City/state and zip code)
For further information concerning t	his matter, please call:
Mary Christi	an at ( 561 ) 756-7197
(Name of per	son) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made pa	yable 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

-	•	2, 607.1508, or 617.1508, Florida Statutes	
-	corporation organized under the	• • • •	in order
to change its registered off	fice or registered agent, or both	, in the State of Florida.	
1. The name of the corpora	ation: Northmil Lady, Inc.		
2. The principal office add	ress: 4385 Northlake Blvd.,	Palm Beach Gardens, FL 33410	
<del> </del>			
3. The mailing address (if	different): 19509 Saturnia La	kes Dr., Boca Raton, FL 33498	
4. Date of incorporation/qu	nalification: 07/09/2001	Document number: _P0100006700*	7
5. The name and street add Florida Department of S		ent and registered office on file with the	
Corporat	te Creations network, Inc.		<u> </u>
941 Four	rth Street #200		
Miami, I	FL 33139		
6. The name and street add (if changed):	lress of the new registered agent	t (if changed) and /or registered office	語る言
Mary, Cl	nristian		
19509 Sa	turnia Lakes Dr.		_ 🔭 5
	(P.O. Box or personal m	ailbox NOT acceptable)	•
Boca Rat	ton, FL 33498	<del></del>	
The street address of its rechanged will be identical.	egistered office and the street a	address of the business office of its regis	stered agent, as
Such change was authorize the heard, or the corporate	ed by resolution duly adopted ion has been notified in writing	by its board of directors or by an office g of the change.	r so authorized by
BW/W A	n officer or director)	Bernadette Moran (Printed or typed name an	d 51(a)
I hereby accept the appoi I further agree to comply	ntment as registered agent and with the provisions of all status with and accept the obligation act a change in the registered of	I agree to act in this capacity, tes relative to the proper and complete of my position as registered agent. Or, office address, I hereby confirm that the	nerformance of my
Signature of	Registered Agent)	(Date)	
If signing on behalf of an	entity:	<i>(</i>	
Mary Ch	ristian	Individual	
(Typed or P	rinted Name)	(Capacity)	

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

(Capacity)