# Law Office Fort Lauderdale, Florida 33316-1110 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 500004578085---09/10/01--01085--<u>0</u>04 \*\*\*\*\*35.00 \*\*\*\*\*35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Will wait Mail out ☐ Photocopy Certificate of Status

### **NEW FILINGS**

## ☐ Profit Not for Profit

#### Limited Liability Domestication

#### Other

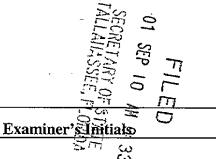
#### OTHER FILINGS

Annual Report Fictitious Name	

Ц	Amendment
	Resignation of R.A., Officer/Director
<b>U</b>	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

#### REGISTRATION/QUALIFICATION

u	Foreign
	Limited Partnership
	Reinstatement
	Trademark



CR2E031(7/97)

#### STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is:

HOST MOM, INC.

2. The name and address if its present registered agent is:

Filings, Inc. 3732 N.W. 16th Street Fort Lauderdale, Florida 33311

3. The name and address to which its registered agent is to be changed is

Kathleen M. Poulin 391 S.E. 12<sup>th</sup> Street Pompano Beach, FL 33060

- 4. The street address of its registered office and the street address of the business office of its registered agent, as changed are identical.
- 5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Sign Kathleen M. Poulin, President/Director

Date: 9/7/2001

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: Kathleen M. Poulin
Signature Athleen M. Paulin
Data: 9/1/2001

Division of Corporations, FILING FEE \$35, P.O. Box 6327, Tallahassee, FL 32314

c:Gaeta\corporat\changeag.HMI