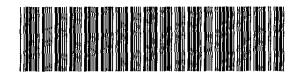
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
THE MINISTER FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bag Ladies Arts, Inc. (Name of Corporation)
DOCUMENT NUMBER: P01000082000
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:
Pauline Singletary
(Name of Contact Person)
Bag Ladies Arts, Inc. (Firm/Company)
1970 W Chapel Dr (Address)
Deltona, FL 32738
(City/State and Zip Code)
For further information concerning this matter, please call:
Pauline Singletary at (386) 789-1432 (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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	inge is submitted for a corporation organized under the laws of the State of Florida
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Bag Ladies Arts, Inc.
2. The principal	office address: 1970 W Chapel Dr
Deltona, F	FL, 32738
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 08/20/2001 Document number: P01000082000
	d street address of the current registered agent and registered office on file with the street of State:
	Pauline Singletary
	3233 N. Covington Dr.
	Deltona, FL 32738
6. The name and (if changed):	Deltona, FL 32/38 I street address of the new registered agent (if changed) and /or registered office and proceeding the street address of the new registered agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office and procedure agent (if changed) and /or registered office agent (if changed) are registered office
	1970 W. Chapel Dr.
	(P.O. Box NOT acceptable)
	Deltona FL 32738
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Os west	Norma J Tatarinowicz (Printed or typed name and title)
I herehvoccent	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(Sig	mature of Registered Agent) MARCH 20 Z006 (Date)
If signing on be	half of an entity:
Norma J Ta	
T	yped 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 CR2E045 (8/05)