

P01000099327

Robert Stechenrider

Requester's Name

6073 Island Walk Blvd.

Address

Naples FL 34119

City/State/Zip

Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 14 PM 3:40

No Return Address

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #) 800005767238--0
-06/14/02--01050--005
*****35.00 *****35.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RA address chg.

V SHEPARD JUN 19 2002

Examiner's Initials

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: COSMOPOLITAN DESIGNERS INC.

2. The mailing address of the corporation: 6073 ISLANDWALK BLVD
NAPLES, FL 34119

3. Date of incorporation/qualification: 9/25/01 Document number: P010000699327

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

ROBERT STECKENRIDER
P.O. BOX 1009 1009 Grand Isle Ct.
NAPLES FL 34108

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

ROBERT STECKENRIDER
6073 ISLANDWALK BLVD
NAPLES FL 34119

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 of an officer, chairman or vice chairman of the board)

(Date)

(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.

Robert B. Steckenrider
(Signature of Registered Agent)

5-7-02
(Date)

If signing on behalf of an entity:

ROBERT B. STECKENRIDER
(Typed or Printed Name)

(Capacity)

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

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