## P03000043891

(Requestor's Name)							
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(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
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SECRETARY OF STATE
SECRETARY OF STATE

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## TRANSMITTAL LETTER

• TO: Amendm Division	of Corporations	
in the second se		
SUBJECT:	The Lingerie Boutique, 1	INc.
Bendeel	(Name of corp	poration)
DOCUMENT N	NUMBER: P03000043891	<del> </del>
The enclosed Star	atement of Change of Registered Office/Agent	t and fee are submitted for filing.
Please return all o	correspondence concerning this matter to the	following:
	Roy Liefer	
	(Name of per	rson)
	The LIngerie Boutique,	, INC.
<del></del>	(Name of firm/co	ompany)
	640 E. Ocean Avenue	
<del></del>	(Address	
	Boynton Beach, FL 334	435
	(City/state and z	
For further inforr	mation concerning this matter, please call:	
Poss	Tiefer	954 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
коу	(Name of person)	at (954) 425-7717  (Area code & daytime telephone number)
	(4,0000000)	
Enclosed is a \$35	5.00 check made payable to the Department of	of State.
Mail	iling Address	Street Address
Ame	iling Address: endment Section	Street Address: Amendment Section
Divis	ision of Corporations	Division of Corporations 409 E. Gaines Street
	. Box 6327 abassee FL 37314	409 E. Gaines Street Tallahassee FI 32399

CR2E045(09/03)

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

change is submi	tted for a corporat	ons 607.0502, 617.0 ion organized unde	er the laws of the	State of Flo		is statement of in order
to change its reg	gistered office or re	egistered agent, or i	both, in the State	of Florida.		
1. The name of t	the corporation:	The Linge	rie Bouti	que, Inc.		
2. The principal	office address:	640 E. OC	lean Avenu	e		
· · · · · · · · · · · · · · · · · · ·		~ *	Beach, FL			
3. The mailing a	ddress (if different	):	<del></del>	A		
4. Date of incorp	poration/qualificati	on: April 18	3,2003 <sub>Docum</sub>	ent number: P(	300004389	1
5. The name and	•	he current registere				
	Tracey	Sicotte			TALL	2 C
	332 Riv	er Edge Roa	ıd		AHA	RFT OCT
	Jupiter	, FL 33477	,		S.C.	ARY &
6. The name and (if changed):	I street address of t	he new registered a	ngent (if changed	i) and /or register	red office	M 9: 48
	Roy Lie	fer	<u>`</u> ;			, <u>.</u>
·	600 Gre	ensward Lan	e, #101			
	* * *	(P.O. Box or perso	onal mailbox NOT acce	eptable)		44 × 17 ×
	Delray 1	Beach, FL	33445			
The street addre	ess of its registered	d office and the str	eet address of th	ne business offic	e of its registere	d agent, as
_		esolution duly adoption notified in wi	pted by its board	d of directors or	by an officer so	authorized by
///		soon nounce in wi	ming of the cha	rige.		
	penature of an officer or	director)		(Printed o	or typed name and title	<del>)</del>
I hereby accept I further agree i duties, and I am being filed merc been notified in	the appointment of to comply with the of familiar with and cly to reflect a cha writing of this ch	ns registered agent provisions of all s I accept the obliga inge in the register ange.	t and agree to a statutes relative ution of my posit red office addres	ct in this capaci to the proper a ion as registered ss, I hereby conf	ty. id complete perf d agent. Or, if th irm that the corp	ormance of my is document is poration has
Low	y Lift			/	19-3-03	
1/1	(Signature of Registered	Agent)	· ·		(Date)	· · · · · · · · · · · · · · · · · · ·
If signing on be	half of an entity:					
_ Rey Li	EFER	<u> </u>		. Fr	RESIDENT	
•	<ul> <li>(Typed or Printed Name</li> </ul>	e)			(Canacity)	

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