P0300066394

(Re	equestor's Name)					
(Address)						
(Ac	ldress)					
(Ci	ty/State/Zip/Phon	e#)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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02/02/04--01078--018 **35.00

A. Charge LFJ 3-18-04 SECKLIARY OF STATE OF CORPORATION

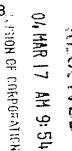
TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: IERE CHIFFEIN DESIGNS, THE (Name of corporation)
DOCUMENT NUMBER: PO 30000 66394
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:
Name of person)
TERRI SCHIFFRIM DESIGNS, INC. (Name of firm/company)
2062 NE 1SSN 5T (Address)
MINT /K 33/62 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (35) 893-131/ (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
409 E. Gaines Street
Tallahassee, FL 32399





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 11, 2004

Terri Schifrin % TERRI SCHIFRIN DESIGNS, INC. 2062 NE 155th Street Miami, FL 33162

SUBJECT: TERRI SCHIFRIN DESIGNS, INC.

Ref. Number: P03000066394

We have received your document for TERRI SCHIFRIN DESIGNS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return a copy of this letter along with your document to ensure proper handling.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6910.

Louise Flemming-Jackson
Document Specialist Supervisor

Letter Number: 404A00009288

ORIGINAL STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS 'ursuant to the provisions of

	e provisions of se d corporation orgo				<i>-</i>	8, Florida Statutes,
						d agent, or both, in
the State of Flo	_		<u></u>	- A		•
•	the corporation:_	TERRS.	CHIFELL	e lest	uns, In	<u> </u>
	-	/				
2. The mailing	address of the cor	poration: /	800 A	VE 114,	H STREET	APT 1011
			MI	FL	33/8/	<u></u>
3. Date of inco	rporation/qualific	ation: <u>6///</u>	6/03	Docu	ment number: _	103000066394
4. The name an	d address of the c	urrent registere	ed agent ar	nd registered	l office:	21
	Sup	EASKI, L	lous A	s Esa		2004 MAR
•	_	NE MAIN				AR
	Jam France	h 1mm21		رجع در رمان	72.3	·
5. The name an	d address of the n	ew registered a	<i>Marte</i> agent (if cl	nanged) and	or registered o	office (if changed
	.	(P.O. Box	NOT Ac	ceptable)	, G	
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	333	ARTHUR	400F	REY K	O STE 60	,
,	trons	, BEARH	K	33/40	i,	
agent, as chang	ed, will be identi-	cal.				ce of its registered
Such change w	as authorized by he board.	resolution duly	y adopted	by its board	of directors or	by an officer so
authorized by t	X chel	Mai.			2/	22/04
(Signature	of an officer, charman	or vice chairman	of the board)		(Da	ite)
TERRIC	(Printed or typed	name and title)	ESIDEI	UT	· · · · · · · · · · · · · · · · · · ·	
corporation, 1 l I further agree performance of	med as registere hereby accept the to comply with th my duties, and I	d agent and to appointment o e provisions o am familiar w	accept se as register of all statu with and ac	ervice of pro red agent an tes relative ecept the obi	cess for the ab d agree to act to the proper a ligation of my p	ove stated in this capacity. nd complete position as
registerea agen	why Su	raligha			3/11/04	
If signing on beha	Signature of Registered	rigent)		•	(Daic)	
11 oremie on cena	ar on onney.					
	Typed or Printed Name	=)			(Capacity)	

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