

P03000070248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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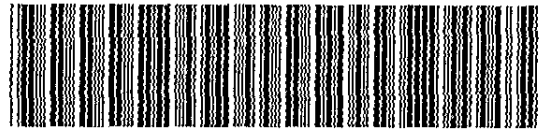
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TO: Amendment Section
Division of Corporations

SUBJECT: PETAL'S CARE INC
(Name of corporation)

DOCUMENT NUMBER: P030000 70248

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:

TREVOR LEE
(Name of contact person)

PETAL'S CARE INC
(Firm/Company)

1765 NW 189 TERR
(Address)

Miami FLA 33056
(City/state and zip code)

For further information concerning this matter, please call:

TREVOR LEE at 305, 625-4414
(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
409 E. Gaines Street
Tallahassee, FL 32399

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- JOAN O. LEE
115 N.E. 132 TERRACE
MIAMI FL. 33161

- TREVOR LEE
115 NE 132 TERR
(P.O. Box NOT acceptable)
MIAMI FLA 33161

1. LEE, JOAN O.
Printed or typed name and title

July 20th 04
(Date)

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314