

P03000100496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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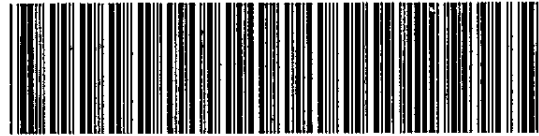
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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VS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KIDS CLOWN COMPANY
(Name of corporation)

DOCUMENT NUMBER: P03000100496

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:

SERGIO ALMANZAR
(Name of contact person)

KIDS CLOWN COMPANY
(Firm/Company)

3907 SW 155 AVE
(Address)

MIRAMAR FL 33027
(City/state and zip code)

For further information concerning this matter, please call:

SERGIO ALMANZAR at (954) 673 0195
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 18, 2004

SERGIO ALMANZAR
3907 SW 155 AVE.
MIRAMAR, FL 33027

SUBJECT: KIDS CLOWN COMPANY
Ref. Number: P03000100496

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 304A00065721

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DIVISION OF CORPORATIONS

**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, 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.

1. The name of the corporation: KIDS CLOWN COMPANY

2. The principal office address: 3907 SW 155 AVE
MIAMI FL 33027

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9-12-03 Document number: P03000100496

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ACTIVE FILINGS, LLC

10651 NE 11TH COURT

MIAMI SHORES, FL 33138

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

~~KIDS CLOWN COMPANY~~

MR. SERGIO ALMANZAR

3907 SW 155 AVE

(P.O. Box NOT acceptable)

MIAMI FL 33027

[Signature]
11/19/04

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, or the corporation has been notified in writing of the change.

[Signature]

(Signature of an officer or director)

SERGIO ALMANZAR, VICE PRESIDENT

(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]

(Signature of Registered Agent)

11-8-2004

(Date)

If signing on behalf of an entity:

KIDS CLOWN COMPANY

(Typed 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