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(Re	questor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Razzle Dazzle D

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 \(\frac{1}{1} \) (V) \(\frac{1} \) (V) \(\frac{1}{1} \) (V) \(\frac{1}{1} \) (V) \(\frac{1} \) (V) \(\fra
1. The name of the corporation: Razzle Dazzle Paus, Inc.
2. The principal office address: 6126 5, Federal Hruy.
3. The mailing address (if different):
4. Date of incorporation/qualification: 3 23 04 Document number: P 04 00 00 5455 3
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Jaci Schlenmer
940G SE Mercury St. FR 8
Habi Sound FL 33455
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
101216 5 Federal How
(P.O. Box NOT acceptable)
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 of an officer of director) Jer, Wagner Tres. (Printed or typid 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 of Registered Agent) 4 2010 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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