

PD5000017047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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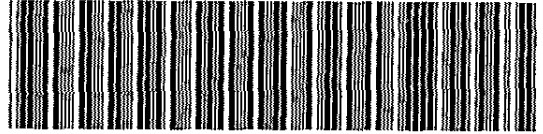
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

3 6/6/05
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Skeffington's Retail Inc
(Name of corporation)

DOCUMENT NUMBER: POS000017047

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:

John Skeffington
(Name of contact person)

(Firm/Company)

7100 Pioneer Rd
(Address)

West Palm Beach FL 33413
(City/state and zip code)

For further information concerning this matter, please call:

John Skeffington at (561) 841-3004 ext 222
(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

**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: Skeffington's Retail Inc.
2. The principal office address: PO Box 541569
Greenacres, FL 33454
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/24/05 Document number: POS 000017047
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Joei Skeffington
2203 Starsbury Way
Wellington, FL 33414

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

John Skeffington
7100 Pioneer Rd
(P.O. Box NOT acceptable)
West Palm Bch, FL 33413

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TALLAHASSEE, FLORIDA

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)

John Skeffington CEO
(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)

6/1/05
(Date)

If signing on behalf of an entity:

(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