

PO5000117601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL 24 AM 8:03

JUL 28 2015

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Play Time Apparel, Inc.

Name of Corporation

DOCUMENT NUMBER: P05000117601

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:

Joseph Cohen

Name of Contact Person

Firm/Company

45 NW 21st Street

Address

Miami, FL 33127

City/State and Zip Code

admin@cohensorganization.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Cohen

Name of Contact Person

at (305) 532-6992

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
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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Play Time Apparel, Inc.
2. The principal office address: 45 NW 21st Street
Miami, FL 33127
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 8/23/2005 Document number: P05000117601

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joseph Cohen

301 Lincoln Road

Miami Beach, FL 33139

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

Joseph Cohen

45 NW 21st Street

P.O. Box NOT acceptable

Miami, FL 33127

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

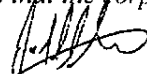
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of officer or director

Joseph Cohen

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 of Registered Agent

7/21/15

Date

If signing on behalf of an entity:

Joseph Cohen

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

CR2E045 (03/12)

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