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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALL That Shimmers Dance & Active WEAR, INC. Name of Corporation
DOCUMENT NUMBER: <u>+ 05000132970</u>
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:
Regina Brayshaw Name of Contact Person
ALL That Shimmers Firm/Company
50 5W, 15 45 St
POMPANO BEACH, F/ 33060 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Regiva British aw at 954, 296-2350 Name of Contact Person at 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
1. The name of the corporation: ALL THAT SITIMERS DANCE & Active WOAK, INC. 2. The principal office address: 50 SW 15: 40 St Pompano BCH, FL
2. The principal office address: 30 SW/8: 37 POMPANO DCH, FL
3. The mailing address (if different): (SAME)
4. Date of incorporation/qualification: 5/5/2009 Document number: P05000/32970
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)
MARK King
4367 North Federal Hwy Suite 200
Ft. Lauderdale, F1 33308
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
REBINA BRAYSHAW
50 SW \$5 St (MSNAB Rd)
POMPANO BEACH, F/ 33060
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.
REBINA BRAYSTIAW - Pres 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 1 13 1 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 3231

CR2E045 (8/05)