

PD6000031347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

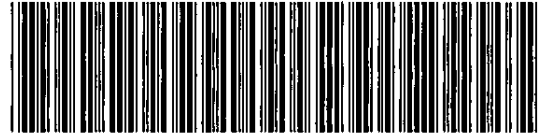
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100128622711

05/09/08--01012--001... **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY -9 AM 9:02

RO/chg
@ 5/15/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wee Watcher's Infant Care, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000031347

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:

Steven Tomassetti
(Name of Contact Person)

Wee Watcher's Infant Care, Inc.
(Firm/Company)

4410 Evans Ave
(Address)

New Port Richey, FL 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Tomassetti at (727) 842-6036
(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
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: Wee Watcher's Infant Care, Inc.
2. The principal office address: 4411 Evans Ave
New Port Richey, FL 34652
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/22/06 Document number: P 06 0000 31347
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Steven Tomassetti
1203 Brightwell Dr
Hollywood, FL 34690

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

Steven Tomassetti
4410 Evans Ave
(P.O. Box NOT acceptable)
New Port Richey, FL 34652

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.

Steven Tomassetti
(Signature of an officer or director)

Steven Tomassetti - 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.

Steven Tomassetti
(Signature of Registered Agent)

5/6/08
(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
CR2E045 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY -9 AM 9:02