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P D BOX	60010	
Jackson	60001D 16, FL 3226	
(Address)		
(0), (0)	17. (5)	
(City/State	/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing C	Officer:	





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SECRETARY OF STATE

RARDONS

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: Sweet Child of Mine Inc.	_
2. The principal office address: 445-26 State Road 13	_
Jacksonville, FL 32259	_
3. The mailing address (if different): P.O. Box 600010	_
Jacksonville, FL 32260	
4. Date of incorporation/qualification: 2-12-07 Document number:	5 €
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	5
Alana	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SECR
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Shellie Scott	
445-26 State Road 13 (P.O. Box NOT acceptable)	20
(P.O. Box NOT acceptable)	E P
Jacksonville, FL 32259	
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.	
Shellie Scott President	
(Signature of divotticer or director) (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 corporaficnthas been notified in writing of this change.	
Signature of Registered Agent) 11620/08 (Date)	
If signing on behalf of an entity:	
Sweet child of mine Ing, Shellie Scott	
(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 * * *