P07000/35/5/

(Requestor's Name) (Address)				
(Address)	700162485057			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	2009 NOV 23 AM II: 28 SECRETARY OF STATE PALLAHASSEE, FLORIDA			

COVER LETTER

TO:	Amendment Section Division of Corporation	s				
SUBJ	JECT:	BARBIZON				
		Name of	Corporation			
DOC	UMENT NUMBER:	P07	700013515	9	······································	
The e	nclosed Statement of Char	ge of Registered Offi	ce/Agent and fe	e are submitte	ed for filing.	
Pleas	e return all correspondence	concerning this matt	er to the followi	ing:		
	·	_		•		
	PAMELA VAN SANT					
		Name of C	ontact Person			
		BARBIZON INTE	ERNATIONAL	L INC.		
	 	Firm/C	Company	T 1822 (1981) (1981) (1981) (19		
		1950 W. KENNED		ITE 200		
		Ad	dress			
		T44.04	EL 00000			
	**************************************	IAMPA, City/State	FL 33609 and Zip Code			
		•	·			
	E mail add	pamvansant@b ess: (to be used for	arbizonusa.c	om	notion)	
	E-man audi	ess. (to be used for	ruture aminar	report notin	cationy	
For fu	orther information concerni	ng this matter, please	e call:			
	PAMELA VAI	N SANT	at (813	} ,	286-9999	
	Name of Contact	Person	Area Co	ode & Daytim	286-9999 ne Telephone Number	
Enclo	sed is a \$35.00 check mad	e payable to the Depa	rtment of State.			
	<u>Mailing</u>	Address:		eet Address:	41	
		ment Section n of Corporations		endment Sec ision of Cor		
		ox 6327		fton Building	•	
	Tallaha	ssee, FL 32314	266	I Executive	Center Circle	

Tallahassee, FL 32301

18.1

· b

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			607.1508, or 617.1508, Fla d under the laws of the Sta		
in orde	r to change its registere	d office or registere	d agent, or both, in the Stat	te of Florida.	
1. The name of	the corporation: BARI	BIZON USA IN	NC.		
2. The principal	office address: 4950 \	W. KENNEDY B	LVD., SUITE 200, TA	MPA, FL 33609	
3. The mailing a	ddress (if different):		****	AT	
4. Date of incorp	poration/qualification: _	12/27/2007	Document number:	P0700013515	9
	d street address of the cu tment of State: (If resign		nt and registered office on f	file with the	
	CORPORATION	SERVICE COM	PANY		
	1201 HAYS STRE	ET			
	TALLAHASSEE, I	FL 32301 US			
6. The name and (if changed):	I street address of the ne	ew registered agent (if changed) and /or register	2009 NOV 23 SECTAR FALLENHASS	The second secon
	PAMELA VAN SA	NT		23	
	4950 W. KENNED			AH II: 21 OF STATE E. FLORIT	
	TAMBA EL 22600	P.O Box NOT ac	exeptable	H: 2	*Tongs
	TAMPA, FL 33609			> 0	
The street addre as changed will	ess of its registered offi be identical.	ce and the street ad	dress of the business offic	e of its registered ag	ent,
Such change was authorized by the	as authorized by resolune board, or the corpora	tion duly adopted bation has been notif	y its board of directors or ied in writing of the chang	by an officer so	
Mark	ie of an afficer or director		PAMELA VAN Printed or typed nan	SANT, CFO	_
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as rest to comply with the provid I am familiar with a ng filed merely to refle s been notified in writin	gistered agent and c visions of all statute nd accept the obliga ct a change in the r ng of this change.	agree to act in this capacit is relative to the proper ar ition of my position as reg registered office address, i	įτυ	ince this the
/ans	nature of Registered Agent	1	f1/17/09 Date		
If signing on be	half of an entity:				
	MELA VAN SANT				

* * * FILING FEE: \$35.00 * * *