## P08000003657

(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
SECRETARY OF STATE

PA Change 1/8/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Florida T-Shirts Inc. (Name of Corporation)	on) +	
DOCUMENT NUMBER: P08000003657	<u></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:		
Eddy Waldman (Name of Contact Person)		
(Name of Contact Person)		
Florido T. Chido Inc		
Florida T-Shirts Inc. (Firm/Company)		
5405 NW 102 ave bay# 226 (Address)		
(Address)		
Sunrise,FI 33351 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Eddy Waldman at ( (Name of Contact Person) (A	954 ) 605-1708 rea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	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: Florida T Shirts, Tric.
2. The principal office address: 5405 NW 102 ave Bay #226 Sunrise,FI 33351
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/11/2008 Document number: P0800003657
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)
Waldman, Eddy Transfer
2051 SW 31 Ave ARET ARET ARET ARET ARET ARET ARET ARET
Hallandale,FI 33009  HASS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David Waldman ORATE 2
9320 Wedgewood Lane (P.O. Box NOT acceptable)
Tamarac,Fl 33321
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 an officer or director)  Eddy Waldman (Printed or typed name and liftle)
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) 12-19-08
If signing on behalf of an entity:
(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 \* \* \*