P08000032875

| (Requestor's Name) | | |
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| PICK-UP | □ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status <u>* * a</u> |
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| Special Instructions to Filin | g Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|--|---|---------------------------|--|-------------|--|
| SUBJECT: MY KIDZ BIZ INC | | | | | |
| | | Name of Cor | poration | | |
| DOC | UMENT NUMBER: | P0800 | 00032875 | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| GREGORY PERAINO | | | | | |
| Name of Contact Person | | | | | |
| | MY KIDZ BIZ INC | | | | |
| | | Pinm/Com | | | |
| | 31: | 5 GRAND MAGNO | OLIA AVE #20213 | | |
| | | Addres | | | |
| | | | | | |
| | | CELEBRATION | N FL 34747 Zip Code | | |
| | , | | • | | |
| | _teac | ch timp @ | aol.com | | |
| B-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| | FRANÇÍS PER | AINO | 740 (47000 | | |
| | Name of Contact Po | PAINU COM | at (718) 4475759 Aren Code & Daytime Telephone Numb | | |
| | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| | | direction of Corporations | Street Address: Amendment Section Division of Corporations | | |
| , | P.O. Box | | Clifton Building | | |
| | | ec, FL 32314 | 2661 Executive Center Circle Talishassee, FL 32301 | | |

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

| rransian to the provisions of sections 007.0302. 017.0302. 007.1308. Or 017.1308. Fix stotement of change is infinitized for a corporation organized under the laws of the Sia | |
|--|---|
| in order to change its registered office or registered agent, or both, in the Sta | |
| 1. The name of the corporation: MY KIDZ BIZ INC | |
| 2. The principal office address: 315 GRAND MAGNOLIA AVE #20213 | |
| CELEBRATION FL 34747 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: Document number: | |
| The name and street address of the current registered agent and registered office on the Florida Department of State: (If resigned, enter resigned) | file with the |
| BUSINESS FILINGS INCORPORATED | |
| 1203 GOVERNOR'S SQUARE BLVD SUITE 101 | 2 |
| TALLAHASSEE FL 32301-2960 US | 2009 OCT SECRET TALLAHA |
| The name and street address of the new registered agent (if changed) and /or register (if changed): | NAR SS |
| GREGORY PERAINO | PH (|
| 315 GRAND MAGNOLIA AVE #20213 | 3: 02 STATE LORID |
| F.O. Son. NOT acceptable | |
| CELEBRATION FL 34747 | , |
| The street address of its registered office and the street address of the business office as changed will be identical. | e of its registered agent, |
| Such change was sutherized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change | by an officer so |
| Frances Perains DIREC | TOR |
| Sufference on contraction, contraction, business on contraction, contr | - · · · · · · |
| I hereby accept the appointment as registered open and agree to act in this capacit. I further agree to county with the provisions of all statutes relative to the profer as of my duties, and I get familiar with and accept the obligation of my position as reg document is being filed merely to reflect a change in the registered diffice address, corporation has been notified by writing of this change. | id complete performance (stered agent. Or, if this |
| corporation has been notified by writing of this change. | hereby confirm that the |
| Tregorie toraino 10/21/0 | 79 |
| If signing on behalf of an entity: | - |
| | |
| And the State of Stat | |

*** FILING PER: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR28045 (8405)