Division of Corporations

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To:

Division of Corporations

Fax Number

; (850)€17-6380

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone : (B50)222-1173

Fax Number

(850) 224-1640

001181.96760

REGISTERED AGENT CHANGE

CLOCKWORK RETAIL SERVICES, INC.

Certificate of Status	0
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12/12

12/11/2008 02:56 PM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St nge is submitted for a corporation organized under the laws of the State of \underline{F} r to change its registered office or registered agent, or both, in the State of Fl	lorida	is 	
	he corporation: Clockwork Retail Services. Inc. office address: 50 Central Rvenue, Suite 920, Saraso	ta, FL	3423	6
3. The mailing a	oldress (if different):	<u>. </u>		
4. Date of incorp	poration/qualification: 12 10 08 Document number: P08	00010	754	<u></u>
	I street address of the current registered agent and registered office on file wit tment of State; (If resigned, enter resigned)	h the		
	Raphael D. Umansky	-		
	50 Central Avenue, Suite 920	· TAI	200	
	Sarasota, FL 34236		B DEC	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	HASSE		
	CorpDirect Agents, Inc.	- <u>T</u>	A	
	515 E, Park Avenue (P.O. Box NOT acceptable)	STATE	=	۷
	Tallahassee, FL 32301	_ > ```	4	
The street addr	ess of its registered office and the street address of the business office of it be identical.	s register	ed agent	•
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an ke board, of the corporation has been notified in writing of the change.	afficer s	٥	
		D. Umansky, Secretary		
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and cound I am familiar with and accept the obligation of my position as registere ing filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	nplete per d agent, by confire	rformand Or, if the m that th	:e is e
- bady	ignature of Registered Agent) chalf of an entity:	12/11/08		
Patricia	a Tadlock - Assistant Secretary (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)