

PO9000046634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800183093538

07/15/10--01020--009 \*\*35.00

10 JUL 15 PM 2:33  
SECRETARY OF STATE  
FALL ARIASS ST. #1000

APPROVED  
FILED

20  
7/15/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Growinbizkids, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P09000046634

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:

Daniel Rooney  
Name of Contact Person

Growinbizkids, Inc  
Firm/Company

3539 Calera Drive  
Address

New Port Richey, FL 34652  
City/State and Zip Code

growinbizkids@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Rooney at (727) 753-8425  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Growinbiz Kids, Inc
- 2. The principal office address: 11955 Old Tuscany PL  
New Port Richey, FL 34654
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5-27-09 Document number: PO90000046634

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)

11955 Old Tuscany Pl  
New Port Richey, FL 34654  
Daniel Rooney

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Daniel Rooney  
3539 Calera Dr.  
P.O. Box NOT acceptable  
New Port Richey, FL 34652

10 JUL 15 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
FILED

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.

Daniel Rooney  
Signature of an officer or director

Daniel Rooney VPST  
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 corporation has been notified in writing of this change.

Daniel Rooney  
Signature of Registered Agent

6/30/10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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