

PO9000068835

(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



200182095752

06/17/10--01032--003 **35.00

RA chy

FILED
10 JUL -1 PM 12:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 02 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2010

AGEL MADERA, SR.
BABY GIRL CAFE, INC
15275 COLLIER BLVD, STE 201-310
NAPLES, FL 34119

SUBJECT: BABY GIRL CAFE, INC.
Ref. Number: P09000068835

We have received your document for BABY GIRL CAFE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 010A00015051

RECEIVED
2010 JUL - 1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BABY GIRL CAFE, INC
Name of Corporation

DOCUMENT NUMBER: P09000068835

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:

ANGEL MADERA, SR.
Name of Contact Person

BABY GIRL CAFE, INC
Firm/Company

15275 COLLIER BLVD., STE 201-310
Address

NAPLES, FL 34119
City/State and Zip Code

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

For further information concerning this matter, please call:

ANGEL MADERA, SR at (239) 253-2815
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BABY GIRL CAFE, INC.
2. The principal office address: 300 W. NEW MARKET ROAD, UNIT 14, IMMOKALEE, FL 34142

3. The mailing address (if different): 15275 COLLIER BLVD. SUITE 201-310, NAPLES, FL 34119

4. Date of incorporation/qualification: 8/14/2009 Document number: P09000068835

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)

ANGEL MADERA, JR.

15275 COLLIER BLVD., SUITE 201-310

NAPLES, FL 34119

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

ANGEL MADERA, SR.

15275 COLLIER BLVD., SUITE 201-310

P.O. Box NOT acceptable

NAPLES, FL 34119

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.

Angel Madera SR Owner
Signature of an officer or director 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.

Angel Madera SR
Signature of Registered Agent

6/14/10
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