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SEP 25 2014

R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Designs By Pepper Inc. Name of Corporation
DOCUMENT NUMBER: P1000052788
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:
Name of Contact Person  Designs By Perper Ine.  Firm/Company
3501 N. Ponce De Leon Blvd., Suite I
St. Augustine, FL 32084  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Carrie   Cosenbarm   at (765) 337-7445     Name of Contact Person   Area Code & Daytime Telephone Number
Name of Cohtact 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

statement of change is submitted for a	red office or registered agent, or both, in the State of Florida.  The corporation organized under the laws of the State of Florida.
	Designs By Popper Inc. 5 Wooded Crossing Cir., St. Augustine, FC 3
3. The mailing address (if different):_	
4. Date of incorporation/qualification:	: 06/23/2010 Document number: P10000052788
Florida Department of State: (If res	ROSEIBAIN
	Prings, FC 32084
(if changed):	P.O. Box NOT acceptable  Gustine, Langed and for registered officers  Registered agent (if changed) and for registered officers  But a series of the series
The street address of its registered of as changed will be identical.	ffice and the street address of the business office of its registered agent,
Signature of air officer or director	lution duly adopted by its board of directors or by an officer so bration has been notified in writing of the change.    Complete   Complete
Signature of Registered Agent	09/17/14/ Date
If signing on behalf of an entity:  Karrie Rosenbac  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 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*