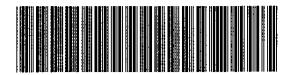
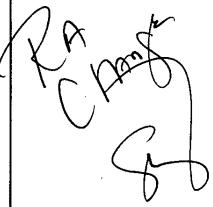
## P1000059676

(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:	1
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Office Use Only	



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Uniquely Divine Inc EIN: 27-3039552
DOCUMENT NUMBER: OF 2
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:
Gabrielle Carey  Name of Contract Person
Uniquely Divine Inc
1971NW 188 terrace Address
Miami/FI/33056 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Gabrielle Carey at 305, 7780695  Name of Contact Person Area Code & Daytime Telephone Number
Find osed 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

CR2E045 (8/05)

## 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: Uniquely Divine Inc EIN: 27-8039553
2. The principal office address: 1971 NW 188 + evace
Miami Gaedens F1 33054
3. The mailing address (if different):
4. Date of incorporation/qualification: JV14 14,2010 Document number:
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)
- 201 Hays St
- Jallahasser Fla 2830/ -
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1971 NW 188 temace  P.O. Box NOT acceptable
Miami Gardens F1 33056
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.
Signature of an officer predictor Gaberelle Caley owner Printed or typed name and the
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.
Signature of Registered Agent 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 CR2E045 (8/05)