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| PICK-UP | WAIT | MAIL | |
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| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
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| Special Instructions to Filing Officer: | | | |
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COVER LETTER

TO: Amendment Section
Division of Corporations

Name of Corporation

DOCUMENT NUMBER: P11000029224

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:

Kathy Lynn Briner

Name of Contact Person

Ready Set Bloom, Inc

Firm/Company

118 Augusta Circle

Address

St. Cloud Florida 34769

City/State and Zip Code

readysetbloom@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Lynn Briner

407 \970-1848

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

| statement of change is submitted for a corporation organized under the laws of the State in order to change its registered office or registered agent, or both, in the State of the State o | of Florida |
|--|---|
| 1. The name of the corporation: Ready Set Bloom, Inc. | • |
| 2. The principal office address: 118 Augusta Circle St. Cloud Florida 3476 | 9 |
| | |
| 3. The mailing address (if different): Same | |
| 4. Date of incorporation/qualification: 03-21-2011 Document number: P11 | 0000029224 |
| 5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned) | with the 27 |
| Kathy L Nelson Green | AY2 |
| 2618 Lanier Rd | - H. 6 - |
| Kissimmee, FL 34744 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered (if changed): | DA 65 toffice |
| Kathy Lynn Briner | |
| 118 Augusta Circle | |
| P.O. Box NOT acceptable St. Cloud, FL 34769 | |
| The street address of its registered office and the street address of the business office o as changed will be identical. | — f its registered agent, |
| Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change. | an officer so |
| Kathy L Nelson Green | |
| 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 compensation of my duties, and I am familiar with and accept the obligation of my positive agent. Or if this document is being filed merely to reflect a change in the registered of hereby confirm that the corporation has been notified in writing of this change. | complete ion as registered |
| 5/21/2012 | |
| Aignature of Registered Agent Date | |
| If signing on behalf of an entity: | |
| Typed or Printed Name | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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