

P11000031431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

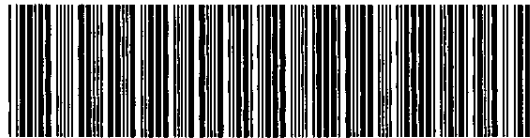
(Business Entity Name)

(Document Number)

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R.A.

JUN 20 2012

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOM GOWNS INC.  
Name of Corporation

**DOCUMENT NUMBER:** P11000031431

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:

LORI JONES

Name of Contact Person

MOM GOWNS INC.

Firm/Company

1591 WEEPING WILLOW WAY

Address

HOLLYWOOD FL 33019

City/State and Zip Code

lojo7354@yahoo.com

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

For further information concerning this matter, please call:

LORI JONES

Name of Contact Person

at ( 954 ) 235-2648

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: MOM GOWNS INC

2. The principal office address: 1591 WEEPING WILLOW WAY  
HOLLYWOOD FL 33019

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/30/2011 Document number: P11000031431

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)

RESIGNED

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

LORI JONES

1591 WEEPING WILLOW WAY

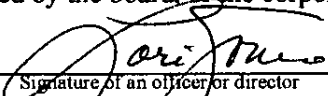
P.O. Box NOT acceptable

HOLLYWOOD FL 33019

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 18 PM 2:06

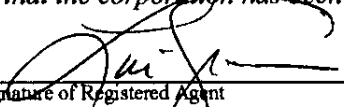
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 or director

LORI JONES, PRESIDENT  
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.*

  
Signature of Registered Agent

\_\_\_\_\_  
Date 6-11-12

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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