

P110000065595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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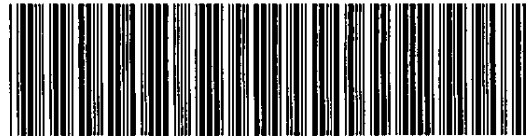
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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@ 7/6/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WICKED CONFECTIONS

Name of Corporation

**DOCUMENT NUMBER:** P11000065595

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:

MICHAEL SELF

Name of Contact Person

WICKED CONFECTIONS

Firm/Company

4380 NE 11 AVENUE

Address

OAKLAND PARK, FLORIDA 33334

City/State and Zip Code

MICHAEL.SELF@PHONEFUSION.COM

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

For further information concerning this matter, please call:

MICHAEL SELF

Name of Contact Person

at ( 954 ) 644-5000

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: WICKED CONFECTIONS
2. The principal office address: 4380 NE 11 AVENUE  
OAKLAND PARK, FLORIDA 33334
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/20/2011 Document number: P11000065595

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)

SPIEGEL & UTRERA, PA

1840 SW 22 STREET 4TH FLOOR

MIAMI, FLORIDA 33145

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

MICHAEL SELF


4380 NE 11 AVENUE

P.O. Box NOT acceptable

OAKLAND PARK, FLORIDA 33334

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

MICHAEL SELF

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

06/29/2012

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 (03/12)

12 JUL -5 PM 1:44  
SECRETARY OF CORP. DIV.  
DIVISION OF CORPORATIONS