

P/2000046368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 12 PM 3:24

OCT 12 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2012

CANDLE WILLIAMS
CW FASHION SERVICES CORP
P O BOX 2272
WEST PALM BEACH, FL 33402

SUBJECT: CW FASHION SERVICES CORP
Ref. Number: P12000046368

We have received your document for CW FASHION SERVICES CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Candle William must sign document below in the space for signature of registered agent accepting appointment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 612A00023720

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CW FASHION SERVICES CORP
Name of Corporation

DOCUMENT NUMBER: P12000046368

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:

CANDLE WILLIAMS

Name of Contact Person

CW FASHION SERVICES CORP

Firm/Company

P. O. BOX 2272

Address

WEST PALM BEACH, FL 33402

City/State and Zip Code

ANJIL_BEBE2002@YAHOO.COM

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

For further information concerning this matter, please call:

CANDLE WILLIAMS

Name of Contact Person

at (561) 215-4579

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.

OCT 11 2012

1. The name of the corporation: CW FASHION SERVICES CORP
2. The principal office address: 9910 CORONADO LAKE DRIVE
BOYTON BEACH, FL 33437
3. The mailing address (if different): P. O. BOX 2272
WEST PALM BEACH, FL 33402
4. Date of incorporation/qualification: 05/17/2012 Document number: P12000046368
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)

MARY L MILLER

2201 NE 53RD STREET

FORT LAUDERDALE FL 33308

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

CANDLE WILLIAMS

9910 CORONADO LAKE DRIVE

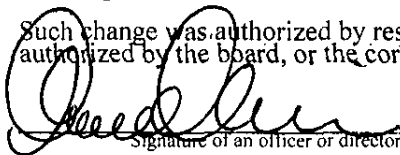
P.O. Box, NOT acceptable

BOYNTON BEACH, FL 33437

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 OCT 11 PM 3:26

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

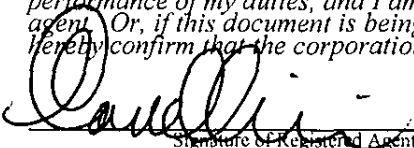
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

CANDLE WILLIAMS

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

10/9/12
Date

If signing on behalf of an entity:

CANDLE WILLIAMS

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)

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