P13000082489

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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(10) 11. 55. 13

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: Thread & Needle, Inc. Name of C	Corporation						
DOCUMENT NUMBER: P1 300008 2689	9						
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matte	er to the following:						
(:ndsay (au pe Name of Co	ntact Person						
Thread & Needle, In C. Firm/Company							
3939 Sievia Madre D. S Address							
Jacksonville, FC 32217 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please	call:						
Lindsay Carpenter	at (904) 238-8094 Area Code & Daytime Telephone Number						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Depar	rtment 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						



October 25, 2013

LINDSAY CARPENTER THREAD & NEEDLE, INC. 3939 SIERRA MADRE DR. S JACKSONVILLE, FL 32217

SUBJECT: THREAD & NEEDLE, INC.

Ref. Number: P13000082689

We have received your document for THREAD & NEEDLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 013A00024986

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pr statement of chan in order	•	or a corporati	on organizea	under the	laws of the	State of F	L
1. The name of th	e corporation:	Thread	t Need	e, Inc			
2. The principal o							
		Tachsonvi	ille, FL	3991	ל		
3. The mailing ad	dress (if differen	t):					
4. Date of incorpo	oration/qualificati	ion: <u>10/</u> 6	%l13	_ Docume	nt number:	P1300	0082689
5. The name and s Florida Departi	street address of t ment of State: (If			and regist	ered office	on file with t	he
_		d States		_			
_	13.3	802 Line	ting oak	Court	A		2
-		pu, FL					is Section
6. The name and s (if changed):	street address of t	he new regist	ered agent (it	changed)	and /or regi	stered office	SEGNE FREDER
		Lindsay	Carpent	er			PH &
_	3	Lindsay 939 Sien	rra modi	e 0r .	<u> </u>		
		P.U	Box NOT accep	otable			-
_		Tachsonu	-			 	
The street addres as changed will b	s of its registered e identical.	I office and the	ne street addi	ess of the	business of	fice of its reg	gistered agent,
Such change was authorized by the	authorized by re board, or the co	solution duly rporation has	adopted by been notifie	its board o d in writin	f directors og g of the cha	or by an officinge.	er so
	of an officer or directo	<u>-</u>		رنمو	Isay Ca	ame and title	Owner
I hereby accept the I further agree to performance of magent. Or, if this hereby confirm the	he appointment a comply with the ny duties, and I a document is bei	us registered of provisions of the provisions of the provisions of the provisions of the provisions filed mereing	fall statutes ith and accep lv to reflect a	ree to act i relative to of the oblig i change in	in this capa the proper ation of my the registe	city. and complet	te
-	2				1/19/13		
If signing on beha	ture of Registered Age alf of an entity:	nt			Date		
Linds ay	Carpento ed or Printed Name						

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