## P92000001850

| (Req                      | uestor's Name)  |             |
|---------------------------|-----------------|-------------|
| (Add                      | ress)           |             |
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| (City/                    | /State/Zip/Phon | e #)        |
| PICK-UP                   | ☐ WAIT          | MAIL        |
| (Busi                     | ness Entity Na  | me)         |
| (Document Number)         |                 |             |
| Certified Copies          | Certificate     | s of Status |
| Special Instructions to F | iling Officer:  |             |
|                           | •               | ·           |
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Office Use Only



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SECRETARY OF STATE
DIVISION OF CAPPARATIONS

## **COVER LETTER**

| TO: Amendmer Division of   | nt Section<br>Corporations  |   |
|--|---|---|
| SUBJECT: Flow  | vers By Bill, Incorporated  | orporation)   |
| DOCUMENT NU  | MBER: P92000007856  |   |
| The enclosed States  | ment of Change of Registered Office   | Agent and fee are submitted for filing.                                     |
| Please return all co   | rrespondence concerning this matter   | to the following:   |
|  | Stefan R. Shubert<br>(Name of Cor   | ntact Person)   |
| <u>!</u>   | Fisher, Tousey, Leas & Ba<br>(Firm/Co   | II, P.A.  |
| 501 Riverside Avenue, Suite 600 (Address)                            |   |   |
|  | (Addi   | ess)  |
| J  | acksonville, Florida 32202  |   |
|  | (City/State an  | d Zip Code)   |
| For further informa  | tion concerning this matter, please of  | all:  |
| Stefan R. Shub   |   | at (904) 356-2600<br>(Area Code & Daytime Telephone Number)                 |
| (Na  | me 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 Tallabasses, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building |

Tallahassee, FL 32301

TO:

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

| statement of char   | revisions of sections 607.0302, 617.0302, 607.1308, 67 617.1306, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida  to change its registered office or registered agent, or both, in the State of Florida.   |
|---|---|
| 1. The name of the  | ne corporation: Flowers By Bill, Incorporated   |
|   | office address: 3578 St Johns Ave   |
|   | le, Florida 32205   |
| 3. The mailing ac   | ddress (if different):  |
| 4. Date of incorp   | oration/qualification: 11/30/1992 Document number: P9200007856  |
| 5. The name and Florida Depart  | street address of the current registered agent and registered office on file with the ment of State:  |
|   | Leas, Michael R   |
|   | One Independent Drive, Suite 2600   |
|   | Jacksonville, Florida 32202   |
| 6. The name and (if changed):   | One Independent Drive, Suite 2600  Jacksonville, Florida 32202  street address of the new registered agent (if changed) and /or registered office  Fisher, Tousey, Leas & Ball, P.A.  818 North A1A Suite 104   |
|   | Fisher, Tousey, Leas & Ball, P.A.   |
|   | OTO HORITATA, Outco 104   |
|   | (P.O. Box NOT acceptable) Ponte Vedra Beach, Florida 32082  |
|   |   |
| The street addre<br>as changed will   | ss of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change wa<br>authorized by th  | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.   |
| (Signatur   | re of an officer or director) (Printed or typed name and fitte)   |
| I hereby accept i<br>I further agree to<br>of my duties, and<br>document is bein<br>corporation has | the appointment as registered agent and agree to act in this capacity.<br>o comply with the provisions of all statutes relative to the proper and complete performance<br>d I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>ng filed merely to reflect a change in the registered office address, I hereby confirm that the<br>been notified in writing of this change. |
| Bur   | My H. Furtid - PRESIDENT 7/24/107   |
| · -   | nature of Registered Agent) (Date)  |
| If signing on bel   |   |
|   | Y H. FURTICK - PRESIDENT  yped or Printed Name)   |
| <b>\</b>  | ••  |

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