

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

900004530759--3  
-08/13/01--01103--016  
\*\*\*\*105.00 \*\*\*\*\*35.00

FILED  
01 AUG 13 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P93000010389 en  
20 Change only  
8-13-01  
JFX

## STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of FLORIDA submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: CINDY'S KIDS, INC.

2. The street address of the current registered office:

727 BEAR CREEK CIRCLE  
WINTER SPRINGS, FL 32708

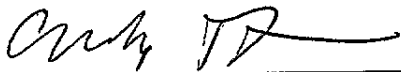
3. The street address of the new registered office:

1550 N. WEKIWA SPRINGS ROAD  
APOPKA, FL 32712

The corporation has been notified in writing of this change.

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

Date: 8/8/01



(Signature of Registered Agent)

CINDY T. ZIMMERMAN

(Printed or Typed Name)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to:  
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILED  
AUG 13 PM 2:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE