30000 40795

Requestor's Name

Address

Reinstatement Trademark

Other

FLORAL VISIONS INC. 500 SW OTH TERRACE #A

POMPANO BEACH, FL 33069			Office Use Only	
		ER(S), (if	known):	
1.				
(Corpo	ration Name)	(Document #)		
2			<u>-</u>	
(Corpo	ration Name)	(Document #)		
3	ration Name)			
(Corpo	ration Name)	(Document #)	-	
4. (Corpo	ration Name)	(Document #)		
		(= <u></u>	_	
□ Walk in □	Pick up time	☐ Certi	fied Copy —	
☐ Mail out ☐		<u></u>	ficate of Status	
NEW FILINGS	AMENDMENTS		4000028519441	
Profit	Amendment		-04/26/9901123001 *****35.00 *****35.00	
NonProfit	Resignation of R.A., Of	fficer/ Director	ಕ್ಷಾಹಕ್ಕಾಗಿದ್ದಾರು. ಕ್ಷಾಹಕ್ಕಾಗಿದ್ದಾರು	
Limited Liability	Change of Registered A	Agent	- ·	
Domestication	Dissolution/Withdrawa	I		
Other	Merger		FILED 99 APR 26 PM 1: 20 SECRETARY OF STATE TALLAHASSEE, FLORID	
			THE REPORT OF THE PERSON OF TH	
OTHER FILINGS	REGISTRATI(QUALIFICATI		RRY O	
Annual Report	Foreign	MA LUMB	Frs = D	
Fictitious Name	Limited Partnership		: 20 ORIII	
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Examiner's Initials

CR2E031(1/95)

Name Reservation



FILED 99 APR 26 PM 1: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section $607.0502(3)$, $617.0502(3)$, $607.\overline{1508}(2)$, 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: Floral Visions, Inc.	
2. The street address of the current registered office:	
1000 Meridian Avenue, #4	
Miami Beach, FL 33139	
	.,
3. The street address of the new registered office:	
590 SW 9th Terrace, #4	
Pompano Beach, FL 33069	4 7000
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: 4 22 99	· ·
Signature of Registered Agent) Byau 5- Jan to Printed or Typed Name)	JS

Filing Fee: \$35.00