## P93000051587

. (R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	_
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
		<b>~</b>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	,
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Office Use Only



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O9 JUL 27 AM 10: 10
SECRETARY OF STATE
FALLAHASSEE, FLORID

or Now

## **COVER LETTER**

TO:	Amendment S Division of Co	ection orporations		,	
SUBJI	ECT:	The Greeting	g Card Stor	re, Inc.	
DOCL	IMENT NUMB	BER:	P9300005	1587	<u></u>
The en	closed Statemer	nt of Change of Registered	Office/Agent a	and fee are subm	itted for filing.
Please	return all corres	pondence concerning this	matter to the fo	ollowing:	
		Name	June Weir of Contact Pers	Son	
		rvanic	of Contact i cis	5011	
			ting Card Sto	ore, Inc.	
		F	irm/Company		<del></del>
		· · · 9118	S. Federal F	lwy ,	
			Address	•	
		Dowt Ct	Lucio El O	40E0 '	
		City/S	Lucie, FL 34 State and Zip Co	952 ode	<del> </del>
	E-1	mail address: (to be used	for future an	nual report noti	fication)
For fu	ther information	n concerning this matter, p	lease call:		
		June Weir	at (_	772	335-0025 ime Telephone Number
	Name o	of Contact Person	Aı	rea Code & Dayt	ime Telephone Number
Enclos	ed is a \$35.00 c	heck made payable to the	Department of	State.	
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	7. 45	Street Address Amendment S Division of C Clifton Build 2661 Executiv Tallahassee, I	Section orporations ing ve Center Circle

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

1. The name	of the corporation: The Greeting Card Store, Inc.	
2. The princip	pal office address: 9118 S. Federal Hwy, Port St. Lucie, FL 34	1952
3. The mailin	ng address (if different):	
4. Date of inc	corporation/qualification: 07/23/1993 Document number:	P93000051587
	and street address of the current registered agent and registered office or partment of State: (If resigned, enter resigned)	n file with the SEC 9
	Douglas S. Weir	
	2649 SE Emmett Road	ARY ARY
	Port St. Lucie, FL 34952	1,,75 ≥ 1,1
6. The name a	and street address of the new registered agent (if changed) and /or registered	ORIT C:
(11 Changed		ered office
(ii changed		ered office Sm —
(ii changed	June Weir	ered office Sm —
(ii changed	June Weir  9118 S. Federal Hwy  P.O. Box NOT acceptable	ered office Sm —
, 5	June Weir	ered office Sm
The street ad as changed v	June Weir  9118 S. Federal Hwy  P.O. Box NOT acceptable  Port St. Lucie, FL 34952  Iddress of its registered office and the street address of the business off will be identical.  I was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the characteristics.	rice of its registered agent, or by an officer so
The street ad as changed we Such change authorized by	June Weir  9118 S. Federal Hwy  P.O. Box NOT acceptable  Port St. Lucie, FL 34952  Iddress of its registered office and the street address of the business off will be identical.  I was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the characteristics.	rice of its registered agent, or by an officer so
The street ad as changed v Such change authorized by I hereby accel further agree of my duties, document is	June Weir  9118 S. Federal Hwy  P.O. Box NOT acceptable  Port St. Lucie, FL 34952  Iddress of its registered office and the street address of the business off will be identical.  I was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the characteristics.	ice of its registered agent, or by an officer so nge.  EIR SECRETARY  TREASURA
The street ad as changed v Such change authorized by I hereby accel further agree of my duties, document is	June Weir  9118 S. Federal Hwy  P.O. Box NOT acceptable  Port St. Lucie, FL 34952  Iddress of its registered office and the street address of the business off will be identical.  I was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the character of an officer or director and the appointment as registered agent and agree to act in this capace to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as rebeing filed merely to reflect a change in the registered office address.	ice of its registered agent, or by an officer so nge.  EIR SECRETARY  TREASURA

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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