

P93000079877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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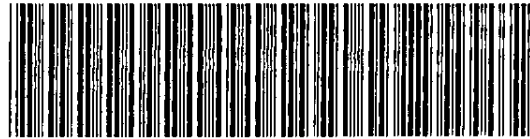
(Business Entity Name)

(Document Number)

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11 MAY 31 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FRS-37-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2011

HILARY ANN ZUKER  
THE CHUCKLE PATCH  
7011 N STATE RD 7  
PARKLAND, FL 33073

SUBJECT: THE CHUCKLE PATCH, INC.  
Ref. Number: P93000079877

We have received your document for THE CHUCKLE PATCH, 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):

The new registered agent must sign document below which is Hilary Ann Zucker in the space for signature of registered agent.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 911A00011367

Signed and returned  
5-26-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Chuckle Patch  
Name of Corporation

**DOCUMENT NUMBER:** P93000079877

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hilary Ann Zucker  
Name of Contact Person

The Chuckle Patch  
Firm/Company

7011 N State Rd 7  
Address

Parkland FL 33073  
City/State and Zip Code

chucklepatch@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilary Zucker at 954, 757-5437  
Name 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  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Chuckle Patch, INC.  
2. The principal office address: 7011 N State Rd 7  
Parkland FL 33073  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/12/1993 Document number: P93000079877

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Hilary Haimowitz  
7011 N State Rd 7  
Parkland FL 33073

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SECRETARY OF STATE

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Hilary Ann Zucker  
7011 N State Rd 7  
Parkland FL 33073

P.O. Box NOT acceptable

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

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Howard Haimowitz sales officer  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

4-27-11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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