## 94000016229

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SEP 17 2015 C. CARROTHERS

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Baby   ORal Corporation   Name of Corporation			
DOCUMENT NUMBER: P 9400016229			
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:			
Martha B. Rodriguez Name of Contact Person			
Baby I deal Corporation			
1143 W. Flagler St			
Miami, Fla. 33130 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Martha B. Rodriguet at (305) 545-0108  Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			

Street Address:
Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (03/12)

## 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 Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Baby Ideal Corporation
2. The principal office address: 10013 NW 12 Street
Miami, Fl 33172
3. The mailing address (if different): 1143 W. Flagler Street
Miami, F1 33130
4. Date of incorporation/qualification: 63 01 1994 Document number: P94000016229
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)
Leslie Alan Rosencwaig, P.A.
D. So Biscayne Blvd.
Suite 3270 Miami, F1 3 313)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bernardino Kodriquez
1143 W. Flagler Street P.O. Box NOT cceptable
Miami, Fl 33130
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 daily adopted by its board of directors or by an officer so anthorized by the board or the comporation has been notified in writing of the change.
President 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 of Registeral Agent D9   00   2016
If signing on behalf of an entity:
Bernardino Rodri que 7. 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
CR2E045 (03/12)