

P95000001064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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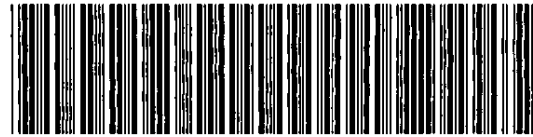
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 MAY - 7 AM 8:56

Rolch
@ 5/11/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLOTHES MADE FROM SCRAP, INC
Name of Corporation

DOCUMENT NUMBER: P 9500000 1664

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:

GRAHAM JARRETT
Name of Contact Person

CLOTHES MADE FROM SCRAP, INC.
Firm/Company

P.O. Box 149084
Address

ORLANDO, FL 32814
City/State and Zip Code

CMFSCORP @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRAHAM JARRETT at (386) 405-4680
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLOTHES MADE FROM SCRAP, INC.
2. The principal office address: 2071 MEETING PLACE, ORLANDO,
FL 32814
3. The mailing address (if different): P.O. Box 149084, ORLANDO
FL 32814
4. Date of incorporation/qualification: _____ Document number: P 95000001664
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)

GRAHAM JARRETT

14 GRANDVIEW DRIVE

PALM COAST FL 32137

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

GRAHAM JARRETT

2071 MEETING PLACE

P.O. Box NOT acceptable

ORLANDO, FL 32814

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.

Graham E Jarrett
Signature of an officer or director

GRAHAM E. JARRETT, 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.

Graham E Jarrett
Signature of Registered Agent

5/5/12
Date

If signing on behalf of an entity:

GRAHAM JARRETT
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -7 AM 8:56