

P96000042716



97 APR 11 PM 3:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 328339 9460A

AUTHORIZATION : *Patricia Pyatt*

COST LIMIT : \$ 35.00

ORDER DATE : April 11, 1997

ORDER TIME : 2:34 PM

ORDER NO. : 328339

CUSTOMER NO: 9460A

CUSTOMER: Michael Halpren, Esq
Michael Halpern, Esq

209 Duval Street
Key West, FL 33040

CA Change
400002141304--8

CHANGE OF AGENT

NAME: BABY TEASE CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

RECEIVED
97 APR 11 PM 4:11
DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

4/14/97
1002L
1002L
1002L
1002L
1002L

Charter No. _____

Date Filed MAY 20, 1996

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: BABY TEASE COMPANY

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

Michael Halpern
209 Duval Street
Key West, FL 33040

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

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

PAULA CIAVOLINO PRES.
(Typed or printed name and title)

Signature

Paula Ciavalino
(President or Vice President)

Date

4/8/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name MICHAEL HALPERN

Signature

(Agent)

Date

4/8/97

FILED
97 APR 11 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA