

P96000058248

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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04 OCT 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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LET
OFFICE OF THE
STATE
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FLORIDA

C. C. C. OCT 13 2004

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Botanics of Boca, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



Walk in



Pick up time



Mail out



Will wait



Photocopy



Certified Copy



Certificate of Status

NEW FILINGS



Profit



Not for Profit



Limited Liability



Domestication



Other

AMENDMENTS



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

OTHER FILINGS



Annual Report



Fictitious Name

REGISTRATION/QUALIFICATION



Foreign



Limited Partnership



Reinstatement



Trademark



Other

Examiner's Initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOTANICA OF BOCA, INC.
(Name of corporation)

DOCUMENT NUMBER: P96000058248

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:

Joseph M. Landolfi, Jr., Esq.
(Name of contact person)

Rutherford Mulhall, P.A.
(Firm/Company)

2600 North Military Trail, 4th Floor
(Address)

Boca Raton, FL 33431
(City/state and zip code)

For further information concerning this matter, please call:

Joseph M. Landolfi, Jr., Esq. at (561) 241-1600
(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: BOTANICA OF BOCA, INC.
2. The principal office address: 7050 W. Palmetto Park Road, Suite 25, Boca Raton, FL 33433
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/09/96 Document number: P96000058248

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

IRWIN DRUCKER

22150 CONCHA AVENUE

BOCA RATON, FL 33428

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

ROBERT PLOMINSKI

7050 W. Palmetto Park Road, Suite 25


(P.O. Box NOT acceptable)

Boca Raton, FL 33433

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TALLAHASSEE, FLORIDA

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 of an officer or director)

ROBERT PLOMINSKI, 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 Registered Agent)

8/4/04
(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