TRANSMITTAL LETTER

## P96000080355

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Change of Registered Agentand Registered Office

600002654076---S -10/02/98--01028--011 \*\*\*\*\*\*43.75 \*\*\*\*\*\*43.75

PA Close

# 35.00 # 8.75 Certificate of Status # 43.75 ADDITIONAL COPY REQUIRED

FROM: Miles J. Gopman Name (Printed or typed)

500 N.E. 191st Street

Migmi, FL 33179 City, State & Zip

(305) 651-3772

98 OCT -2 AM II: 52

## 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, the	
undersigned corporation organized under the laws of the State of Florica	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation is: Direct Floral, INC.	
2. The mailing address of the corporation is: 500 N.E. 1918 Street	
Migmi, FL 33179	
3. Date of incorporation/qualification: 925 96 Document number: P96000080355	<u> </u>
4. The name and address of the current registered agent and office:	
Jaye P. Shaw	.'
570 North Island Avenue	
Alley Read Pr. 221/0	- Į.
5. The name and address of the new registered agent and office: (P. O. Boy Not Acceptable)	
Jaye P. Shaw	٠
Jaye P. Shaw  500 N.E. 191st Street  500 N.E. 191st Street	
Miani, FL 33179	
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.	
(Signature of ai) officer, chairman or vice chairman of the board)  (Bate)	
Jay P. Shaw President 6/29/98 (Printed or typed name and title)  (Date)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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.	
Yayes Signature of Registered Agent) 6/29/98	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

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