Division of Corporations

51319-27740

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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4000

From:

Account Name : BOOSE, CASEY, CIKLIN, ET AL

Account Number: 076376001447 Phone: (561)832-5900 Fax Number: (561)820-0389 99 JUN - 8 PM 5: 12
SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

3 J.T. - 3 T.H. 5: 00 DITA OF CONTRACTORS

REGISTERED AGENT CHANGE

SOUTHERN BUTTONS OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

D. CONNELL JUN 9 1999

PA Change

0.7011 00.07 55 - 100

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	e provisions of sections 60 d corporation organized un	07.0502, 617.0502, 607. Ger the laws of the State	1508, or 617.1508, Florida Statutes,	
tne unaersigne submits the fol	a corporation organizea un Iowino statement in order t	to change its registered	office or registered agent, or both, in	
the State of Flo	• 4			
	f the corporation is:	uthern Buttons	of Florida, Inc.	 -
			· · · · · · · · · · · · · · · · · · ·	_
2. The mailing New Yo	address of the corporation ork, New York 1000	is: c/o Pastore.)4	50 Broad Street, #537	- -
3. Date of inc	orporation/qualification:1	2/30/96 D	ocument number: <u>p9700002015</u>	
4. The name a	nd address of the current re			
	HKE&F Registered	Agent Corp., 2	601 S. Bayshore Dr., #60	10
	Miami, FL 33133		TALLA	MUL 66
5. The name a	nd address of the new regis	tered agent and office: (P. O. Box Not Acceptable)	₹ 8
	Alan J. Ciklin,	Esquire, 515 N.	Flagler Dr., #1700	PH
	West Palm Beach,	FLorida 33401	FLOS	5:12
The street add agent, as char Such change	dress of its registered office aged, will be identical.	and the street address	of the business office of its registered	
authorized by	the board.		June 3, 1999	
(Signatu	re of an office, chairman or vice cl	pairman of the board)	(Date)	
RaI n f	h Pastore	<u></u>		
	(Thirted on terned warse and	l title)	e Couloubana stated	
Having been corporation, I fürther agre performance registered ag	Of 11th Ottobbook and	and to accept service to tment as registered age sions of all statutes reli iliar with and accept the	f process for the above stated in and agree to act in this capacity. The proper and complete to obligation of my position as	
		M MINE	6.4.99 , Esquate)	
	(Signature of Registered Agent)	1. P. T.	,,,	
If signing on be	chalf of an entity:		(Capacity)	
<u> </u>	(Typed or Printed Name)		(Сараску)	
	***	FILING FEE: \$35.00	***	
CR2E045(7/97)	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 32314	
Jeraid S. Bo	eer, Esq., 515 No. Flagler Dr., 2000: Florida Bar No.: 310311	19th Floor, West Palm Bea	ch, Florida 33401	