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City/State/Zip	Phone #		Office Use Only	,
CORPORATION NAMI	E(S) & DOCUMENT NUI	IBER(S)	, (if known):	
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1. (Corporation	Name) (E	ocument #)		. <u>-</u>
2(Corporation	Name) (L	ocument #)		· ·
3(Corporation	7	Ocument #)		<u> </u>
(Corporation	Name) (L	ocument#)	CLAH	98 AU
4(Corporation	Name) (L	Ocument #))	
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NEW FILINGS	AMENDMENTS			
Profit	Amendment	4		
NonProfit	Resignation of R.A., Officer/ Dir	ector		
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger			\circ
OTHER FILINGS	REGISTRATION/		12000 10000 10000 10000	B
Annual Report	Foreign	,	\sim 0 \sim	
Fictitious Name	Limited Partnership	0	70 A-	_
Name Reservation	Reinstatement	^	100	J ⁴
	Trademark	Oc	, Secr	
	Other	1		٠.
			Examiner's Initials	

STATEMENT OF CHANGE OF REGISTERED AGENT FOR CORPORATION

Pursuant to the provisions of Section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered agent in the State of Florida.

1.	The name of	the corporat	ion is A	Addiction	Chocolatier,	Inc.

- Document number P97000026770 1.a. Date of Incorporation: 4/9/97
- The name and address of the current registered agent and office: 2.

CT Corporation System P.O. Box 4349 Carol Stream, IL

3. The name and address of the new registered agent and office:

> Fern S. Davis 484 Mariner Drive Jupiter, FL 33477

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HITT BESTELLING TO CHARGE

The street address of its registered agent and the street address of the business registered agent, as changed, will be identical.

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

DATE

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.

SIGNATURE

S. DAVIS. REGISTERED