

P97000081217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

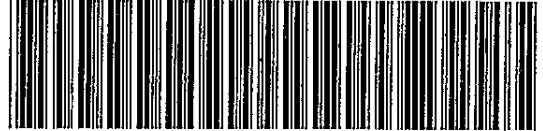
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

verified
w/ally DSA
that the RA is the
only change.
DC
10/29/04

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
11/29/04
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Darling Angel Pin Creations, Inc.
(Name of corporation)

DOCUMENT NUMBER: P97000081217

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:

Shelly Olson
(Name of contact person)

Angel Pin Creations
(Firm/Company)

101 American Center Pl.
(Address)

Tampa Fl. 33619
(City/state and zip code)

For further information concerning this matter, please call:

Shelly Olson at () 813 323 5256
(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: Darling Angel Pin Creations, Inc.
2. The principal office address: 101 Americana Center Dr. #216
Tampa Fl. 33615
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/18/97 Document number: PD7000081217

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

Shelly R. Olson
3702 Sneyne Dr.
Valrico Fl. 33594

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

James Wiedrich
1506 Crossbridge Dr.
(P.O. Box NOT acceptable)
Brandon Fl. 33510

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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.

Shelly Olson (Signature of an officer or director) Shelly Olson Pres (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.

James Wiedrich
(Signature of Registered Agent)

10 November 2004
(Date)

If signing on behalf of an entity:

James R. Wiedrich
(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