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Requester's Name		
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CORPORATION NAME(S) & DO		fice Use Only
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(Corporation Name)	(Document #)	SEC 99
2. (Corporation Name)	(Document #)	SEP 23 PARANSSEE.
3. (Corporation Name)	(Document #)	PR 4: 21 PF STATE FIGRIDA
4. (Corporation Name)	(Document #)	-2.77
☐ Walk in ☐ Pick up tim ☐ 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., Change of Registered Dissolution/Withdraw Merger	Agent
OTHER FILINGS ☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUAI Foreign Limited Partnership Reinstatement Trademark Other	LIFICATION

Examiner's Initials Q 27

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

the undersigned corporation organized under the laws of the State of Florida Statutes,
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: Naughty Swimweary Inc.
2. The mailing address of the corporation is: 3133 Commodore Plaza 2
Coconut Grove, FL 33133
3. Date of incorporation/qualification: 1/1/98 Document number: = 1
4. The name and address of the current registered agent and office:
William Boyd
8980 S.W. 44th Street
Miami, FL 33165
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
William Boyd
1490 N.W. 3rd Avenue
Miami FL 33136
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 an officer, chairman or vice chairman of the board) 9 21 99 (Date)
William Boyd & President (Printed or typed name and title)
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
William Foyd (Signature of Registered Agent) (Date)
f signing on behalf of an entity:
William Boyd President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *