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(Requestor's Name)	
(Address)	3001364
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/02/08010
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Teddy's Custon Manine Sewing Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P9800050629</u>
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:
TROCIONA E. DOIC (Name of Contact Person)
Teddy's CosTom Manine Sewing In
721 DE 23 Dn # 4 (Address)
Wilton Mouons, FC. 33305 (City/State and Zip Code)
For further information concerning this matter, please call: (954) 292 3443 Cell Leoclora E. Tabona at (954) 318 06750FF. (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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH \cdot 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Teddy's RUSTOM Manine Sewing
2. The principal office address: 3232 SW 2Nd OVE #201
FORT Laudendale FL 33315
3. The mailing address (if different): 721 NE 23 DR#4. Wilton Mou
LE 33305
4. Date of incorporation/qualification: 4-28-208 Document number: 1986000506
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Teodona E. TABORA
721 NE 23 DR #4,
101 NC JS DR # 4,
Wilton Monons, FC. 3330Spo &
6. The name and street address of the new registered agent (if changed) and /or registered officers
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):
Teodora E. Dola
10000ka 4. Dore = =
(PC Box NOT acceptable)
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.
(Signature of an officer or director) (Signature of an officer or director) (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.
Tealing E. Dale 9-24-2008 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Teodora E. Dole (Typed or Printed Name)
Crypton of Chinder Station

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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