

P99000008816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signatures

L A W O F F I C E S O F

Barbara J. Krasnove, P.A.

5497 Wiles Road • Suite 206

Coconut Creek, Florida 33073

Tel. (954) 227-2277 • Fax (954) 345-6100

office@attorneybarbarakrasnove.com • www.attorneybarbarakrasnove.com

October 18, 2007

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, Fla. 32314

Re: Uniquely Yours, Inc.
 Document No. P99000008816

Dear Sir or Madam:

I enclose herewith the following:

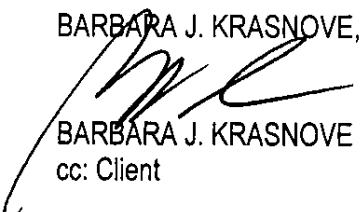
1. Cover Letter
2. Statement of Change of Registered Office
3. Check in the amount of \$35.00.

Please make the necessary corrections to your records.

Thank you for your anticipated cooperation.

Yours truly,

BARBARA J. KRASNOVE, P.A.



BARBARA J. KRASNOVE

cc: Client

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Uniquely Yours, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P9900000 8816

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:

Barbara J. Krasnove

(Name of Contact Person)

(Firm/Company)

5497 Wiles Rd., Suite 206

(Address)

Coconut Creek, Florida 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara J. Krasnove

(Name of Contact Person)

at (954) 227-2277

(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
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: Uniquely Yours, Inc.
2. The principal office address: 6101 NW 53rd Circle
Coral Springs, Fla. 33067
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/28/1999 Document number: P99000008816

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

Barbara J. Krasnove

2856 University Drive

Coral Springs, Fla. 33065

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

Barbara J. Krasnove

5497 Wiles Rd. Suite 206

(P.O. Box NOT acceptable)

Coconut Creek, Fla. 33073

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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.

Abbe Burke
(Signature of an officer or director)

Abbe Burke, 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.

Barbara J. Krasnove
(Signature of Registered Agent)

10/17/07
(Date)

If signing on behalf of an entity:

(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
CR2E045 (8/05)