

PC1900000 50986

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000251692 3)))



H150002516923ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380
From: Account Name : BROAD AND CASSEL (ORLANDO)
Account Number : 119980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

2015 OCT 21 AM 10:33
C. CARRUTHERS

04:01 PM 12:13:04 PM
RECEIVED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
KEEP ME IN STITCHES, INC.

Table with 2 columns: Item and Value. Rows include Certificate of Status (1), Certified Copy (1), Page Count (02), and Estimated Charge (\$52.50).

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Keep Me In Stitches, Inc.
Name of Corporation

DOCUMENT NUMBER: P99000050986

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Brickhouse, Esq. at 813 225-3020
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 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: Keep Me In Stitches, Inc.
2. The principal office address: 4504 W. Kennedy Blvd., Tampa, FL 33609
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/07/1999 Document number: P99000050986
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Leslie J. Barnett
601 Bayshore Blvd., Suite 700
Tampa, Florida 33606

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

B&C Corporate Services of Central Florida, Inc.
390 N. Orange Avenue, Suite 1400
P.O. Box NOT acceptable
Orlando, Florida 32801

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.

Melissa Helms, Pres. Signature of an officer or director
Melissa Helms, President 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.
B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.

By: Holly Collins Signature of Registered Agent
10/21/15 Date

If signing on behalf of an entity:
Holly Collins
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 (03/12)

FILED
OCT 21 AM 9:33
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA