## 5/7904

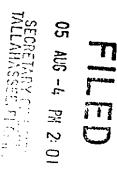
•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

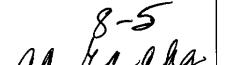
Office Use Only



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07/18/05--01043--013 \*\*35.00







## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 21, 2005

THE INTERNATIONAL BOUTIQUE & GIFT SHOP % MARGARET A. ARAUJO 2165 ANDER WAY MACKEY KEY PENSACOLA, FL 32514

SUBJECT: THE INTERNATIONAL BOUTIQUE & GIFT SHOP, INC.

Ref. Number: S17904

We have received your document for THE INTERNATIONAL BOUTIQUE & GIFT SHOP, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut Document Specialist

Letter Number: 805A00047805

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: The International Boutique & Giff Shop, INC (Name of corporation)
DOCUMENT NUMBER: S / 7904
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:
1114RGARET A ARAUTO (Name of contact person)
THE INTERNATIONAL BOUTLAUE & GIFT SHOP, INC (Firm/Company)
400 QUIETWATER BEACH Rd #5C (Address)
PENSACOIA FL 32561 (City/state and zip code)
For further information concerning this matter, please call:
111ARGARE f ARAUSO at (850) 479-95/5 (Name of contact person) (Area code & daytime telephone number)
(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 OF 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Internation   Boutique & Gift Shop, In
2. The principal office address: 400 Quietwater Beach Rd #5C
Pensacola Beach, FL 32561
3. The mailing address (if different): 2165 Ander Way  Pensacola 1-L 32514
4. Date of incorporation/qualification: Jan Ø1, 1991 Document number: 517904
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ANNA K Thompson For G
947 Coronado Dr ES &
Gulf Breeze, FL 32563
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARGARET A. ARAUJO
(P.O. Box NOT acceptable)
Pensacola, FL 32514
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.
Allea La Compsu. Anna K THOMPSON (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.
Mayone Registered Agent 08/01/05 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE