P18000035486

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03/18/24--01006--007 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI Name	ECT: THE TOAD STOOL PACKAGE AND of Corporation	LOUNGE, INC.			
DOCL	JMENT NUMBER: P18000035486				
The en	iclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
ROBE	RT D. HAYEN SR				
Name	of Contact Person				
THET	OAD STOOL PACKAGE AND LOUNGE, II	NC.			
Firm/C	Company				
16461	W. HWY 318				
Addres	SS				
WILLI	ISTON, FL 32696				
City/St	tate and Zip Code	· · · · · · · · · · · · · · · · · · ·			
MBLAIN7088@MSN.COM					
E-mail address: (to be used for future annual report notification)					
		•			
For fur	rther information concerning this matter, p	lease call:			
ROBE	RT D. HAYEN SR	at (970) 381 - 2582			
	Name of Contact Person	at (970) 381 - 2582 Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to the l	Department of State.			
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this mized under the laws of the State of FLORIDA tered agent, or both, in the State of Florida.	·	
		-		
	the corporation: THE TOAD STOOL PA			
2. The principal WILLISTON, FI	I office address: 16461 W. HWY 318 L 32696		<u> </u>	
	address (if different):			
4. Date of incorp	poration/qualification: 04 / 16 / 2018	Document number: P18000035486		
	d street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ned)		
	SHARON BRANNAN			
	161 N. MAIN STREET, WILLISTON, FL 32696			
	RESIGNED			
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office		
	ROBERT D. HAYEN SR			
	16461 W HWY 318			
	P.O. Be WILLISTON, FL 32696	ox NOT acceptable	2024 A	
The street address changed will	ess of its registered office and the stree I be identical.	t address of the business office of its registered	lagent. T	
Such change wa authorized by th	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.	EC	
Hager	+ V. 74 agrages	ROBERT D. HAYEN SR - PRESIDENT)	
I hereby accept I further agree to of my duties, an document is bei	ure of an officer or director I the appointment as registered agent as to comply with the provisions of all sta nd I am familiar with and accept the ob ing filed merely to reflect a change in t is been notified in writing of this change	Printed or typed name and title nd agree to act in this capacity. Itutes relative to the proper and complete perfo ligation of my position as registered agent. Of the registered office address, I hereby confirm to	ormance r, if this that the	
Rofer	+ 0. 7400gages	03 / 11 / 2024		
Sig	gnature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
	Typed or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)