

P2000000 2063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

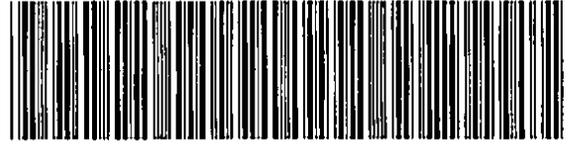
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Whisky & Velvet
Name of Corporation

DOCUMENT NUMBER: P20000062063

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:

Astrid Hutchison
Name of Contact Person

Whisky & Velvet
Firm/Company

8200 Science Hwy Apt 2
Address

Pensacola, FL 32514
City/State and Zip Code

astrid hutch (w) icloud

~~astrid@massagetherapy.com~~
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Astrid Hutchison at (714) 702.0096
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Whisky & Velvet INC
- 2. The principal office address: 8200 Scenic Hwy Apt 2
Pensacola, FL 32514
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12.23.19 Document number: P20000002043
- 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)

CHRISTINA POWERS TAX
 _____ 3700 CREIGHTON RD _____
 _____ 10 _____
 _____ PENSACOLA, FL 32504 _____

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Astrid Hutchison Astrid Hutchison
8200 Scenic Hwy Apt 2
Pensacola, FL 32514
 P.O. 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.

Astrid Hutchison

 Signature of an officer or director

Astrid Hutchison

 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.

Astrid Hutchison

 Signature of Registered Agent

3.8.1.20

 Date

If signing on behalf of an entity:

 Typed or Printed Name

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

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