P150000069186

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LOST boy Sound Inc. Name of Corporation
DOCUMENT NUMBER: P 150000 69 186
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:
Share Falgas Name of Contact Person
LOST BOY SOUND Firm/Company
2161 Victoria Prive
Davenport FL 33837 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shane Falgas at 321,830-3717 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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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 $\Box \Box $
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Losthon Suynd Inc
1. The name of the corporation: Lostboy Sound Inc. 2. The principal office address: 3803 Sunward Dr. Mercitt Island FL 3295.
3. The mailing address (if different): 2161 Victoria Dr. Davenport FL 33837 4. Date of incorporation/qualification: 8/17/2015 Document number: P15000069186
4. Date of incorporation/qualification: 8/17/2015 Document number: P15000069186
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)
Shane Falgas
Shane Falgas 3803 Sunward Dr. Mac II III To
1 16/6/14 15/45/4 1 6 24/) (7 4 6
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Shone Falgas 2161 Victoria Dr. P.O. Box NOT acceptable
Shope Falgas
2161 Victoria Dr.
Shoppe Falgas 2161 Victoria Dr. P.O. Box NOT acceptable Daven port FL 33837
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.
Shame Falgas CEO Signature of profileer 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.
Significant Megistered Agent Date
If signing on behalf of an entity:
Lostboy Sound Inc
Téped 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 (04/13)