

F15 000000 5710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

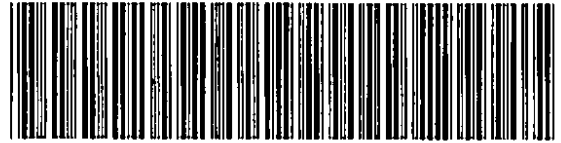
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000383241820

04/12/22--0117--012 **105.00

FILED

2022 APR 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FL

af 5/17/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mulligans Acquisition Inc.
Name of Corporation

DOCUMENT NUMBER: F15000005710

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:

Marcy Hoertz Westby
Name of Contact Person

Mulligan's Beach House
Firm/Company

1609 SW College St.
Address

Stuart Fl. 34997
City/State and Zip Code

E-mail address: (to be used for future annual report notification) mullymary@gmail.com

For further information concerning this matter, please call:

Marcy Hoertz Westby at (772) 285-6419
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mulligans Acquisition Inc.
2. The principal office address: 1609 SW College St. Stuart
FL 34997
3. The mailing address (if different): 1609 SW College St. Stuart, FL 34997
4. Date of incorporation/qualification: 12-29-15 Document number: FL5000025710
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)

InCorp Services
17888 67th Court North
Loxahatchee, FL 33470

STATE
TALLAHASSEE
FL

2022 APR 12 PM 1:17

FILED

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

Mary Hoertz-Westby
1609 SW College St.
Stuart, FL 34997

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.

Mary Hoertz-Westby
Signature of an officer or director

Mary Hoertz-Westby
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.

Mary Hoertz-Westby
Signature of Registered Agent

4-2-22
Date

If signing on behalf of an entity:

Mary Hoertz-Westby
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