Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE MIKE SHERMAN, INC.

Certificate of Status	0	
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Helph KFC

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COVER LETTER

TO: Amendment Section

Division of Corporations

15129570210

Mike Sherman, Inc. Name of Corporation F18000002379 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, Texas 78744 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (888) 705-7274 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

CR2E045 (04/13)

15129570210

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

tatement of cha	provisions of sections 607.05 nge is submitted for a corpo	ration organized under the l	aws of the State of _	Texas		
in orde	r to change its registered off	lice or registered agent, or b	oth, in the State of F	lorida.		
. The name of t	the corporation: Mike St	nerman, Inc.				
2. The principal	office address: 2701 LC	OKER AVE. W, S	TE. 120			
CARLS	BAD, CA 92010					
	ddress (if different):					
l. Date of incorp	poration/qualification: 5/2	1/2018 Documen	t number: F180	00002379		
	I street address of the current tment of State: (If resigned,	• •	ered office on file wi	th the		
	CT CORPOR	ATION SYSTE	EM	_		
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL	33324	•		
5. The name and street address of the new registered agent (if changed) and /or registered office						
(if changed):	Dogistard Age	ant Calutiana In		20		
		ent Solutions, In	_	IT 02		
	155 Office Pla		Α	·		
	Tallahassee	P.O. Box NOT acceptable FL 323	301			
The street address changed will	ess of its registered office ar be identical.	nd the street address of the	business office of it			
Such change wa authorized by th	as authorized by resolution one board, or the corporation	duly adopted by its board o has been notified in writing	f directors or by an g of the change.	officer so		
s/ Mike She Signatu	re of an officer or director	Mike She	erman inted or typed hame and to	President		
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 locument 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.						
Hode Sig	nature of Registered Agent	06/05/2	020			
	half of an entity:					
	Assistant Secretary					
T	yped 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)