

J12987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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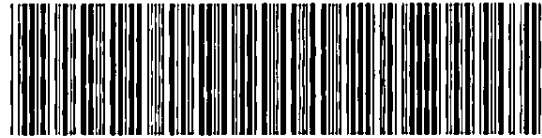
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ATLANTA, GEORGIA

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MAR 03 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOT DOG HEAVEN OF ORLANDO, INC.
Name of Corporation

DOCUMENT NUMBER: J12987

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:

JARETTE COWDEN

Name of Contact Person

HOT DOG HEAVEN OF ORLANDO, INC.

Firm/Company

5355 EAST COLONIAL DRIVE

Address

ORLANDO, FLORIDA 32807

City/State and Zip Code

jarettcowden@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JARETTE COWDEN

Name of Contact Person

at (407) 600-7712

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: HOT DOG HEAVEN OF ORLANDO, INC.
2. The principal office address: 5355 EAST COLONIAL DRIVE, ORLANDO, FLORIDA 32807
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 6, 1986 Document number: J12987
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)

MICHAEL H. FELD

5355 EAST COLONIAL DRIVE

ORLANDO, FLORIDA 32807

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

JARETTE COWDEN

5355 EAST COLONIAL DRIVE

P.O. Box NOT acceptable

ORLANDO, FLORIDA 32807

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.

Jarette Cowden
Signature of an officer or director

JARETTE COWDEN, DIRECTOR/PRESIDENT

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.

Jarette Cowden
Signature of Registered Agent

02/03/2020
Date

If signing on behalf of an entity:

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

CR2E045 (04/13)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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