## 112000008128

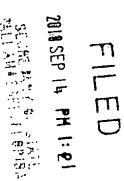
(Requestor's Name)
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SEP 17 2018
I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: FaithBark Inc		
Name of Co	orporation	
DOCUMENT NUMBER: N1200000872	28	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
	<i>y</i>	
.₌Lisa₌Lucania		
Name of Cor	ntact Person	
Firm/Co	mpany	
Firm/Company		
3567 Fowler Stree		
Addi		
Fort Myers, FL 33	3901	
City/State an	d Zip Code	
lisalucania@gmail	.com	
E-mail address: (to be used for fi		
202-200. (10 00 2002 101 1	,	
For further information concerning this matter, please of		
Lisa Lucania	at (239 ) 565-6986 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depart	ment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of
1. The name of a 2. The principal	the corporation: FaithBark Inc office address: 35667 Fowler Street, Fort Myers, FL. 33901
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 9/11/2012 Document number: N12000008728
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	REGISTERED AGENTS INC.
	3030 N ROCKY POINT DR STE 150A
	TAMPA, FL 33607
6. The name and (if changed):	3030 N ROCKY POINT DR STE 150A  TAMPA, FL 33607  I street address of the new registered agent (if changed) and /or registered office.  Lisa Lucania
	Lisa Lucania
	3567 Fowler Street
	P.O. Box NOT acceptable Fort Myers, FL. 33901
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatu	LISA LUCANIA - PRESIDENT Printed or typed name and title
I further agree performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is decument is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	Date 9/12/18
	chalf of an entity:
<del>T</del>	yped or Printed Name

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