1117000006142

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: THE FATHER'S JOY INTERNATIONAL, INC. Name of Corporation DOCUMENT NUMBER: N17000006142 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: Gayle Wasik Name of Contact Person THE FATHER'S JOY INTERNATIONAL, INC. Firm/Company 1971 W. LUMSDEN ROAD, STE. 224 Address BRANDON, FL 33511 City/State and Zip Code info@thefathersjoy.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gayle Wasik Area Code & Daytime Telephone Number Name of Contact Person 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)

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida	
in orde	er to change its registered office o	or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: THE FATHER'S	JOY INTERNATIONAL, INC.	
2. The principal office address: 1971 W. LUMSDEN ROAD, STE. 224 BRANDON, FL 33511			
3. The mailing	address (if different):		
4. Date of incor	of incorporation/qualification: 06/07/2017 Document number: N17000006142		
5. The name an		sistered agent and registered office on file with the	
	STEMBERGER, JOHN T, ESQ.	2011 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	4853 SOUTH ORANGE AVE., ST	E. C	
	ORLANDO, FL 32806		
6. The name an (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office &	
	Registered Agents Inc		
	7901 4th St N STE 300		
	St. Petersburg FL 33702	P.O. Box NOT acceptable	
The street addr as changed wil	ess of its registered office and the identical.	ne street address of the business office of its registered agent,	
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Loyle	Wasile	Gayle Wasik	
I further agree of my duties, as document is be	tre of an officer ordirector t the appointment as registered a to comply with the provisions o nd I am familiar with and accep ing filed merely to reflect a chai s been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.	
David Paperts		04/26/2024	
Signature of Registered Agent		Date	
If signing on be	chalf of an entity:		
David Roberts			
	Typed or Printed Name	-	

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