

N180000003318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

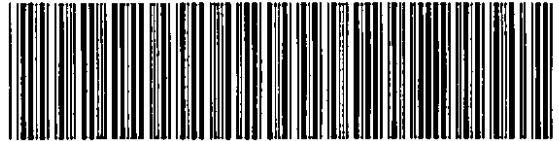
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2022 MAR 11 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FL

cf 3/22/2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Hugs From Mimi, Inc.  
Name of Corporation

DOCUMENT NUMBER: N 18000003318

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:

Jamie Williams  
Name of Contact Person

Hugs From Mimi, Inc.  
Firm/Company

916 Avondale Ave.  
Address

Daytona Beach, FL 32117  
City/State and Zip Code

JAMWIL1226@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Williams at ( 386 ) 589-0126  
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: Hugs From Mimi, Inc.
2. The principal office address: 916 Avondale Ave.  
Daytona Beach, FL 32117
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/27/18 Document number: N18000003318
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)

United States Cooperation Agents, Inc.  
5515 S. Semoran Blvd, Suite 36  
Orlando, FL 32822

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

JAMIE WILLIAMS  
916 Avondale Ave.  
P.O. Box NOT acceptable  
Daytona Beach, FL 32117

SECRET  
TALLAHASSEE, FL

2022 MAR 11 AM 9:04

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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.

Jamie Williams  
Signature of an officer or director

Jamie Williams  
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.*

Jamie Williams  
Signature of Registered Agent

3-7-22  
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)