

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
N18000003398

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

2024 JAN 16 AM 11:01

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

Email Address: _____
umilk

REGISTERED AGENT CHANGE
COME OUT ST. PETE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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: COME OUT ST. PETE, INC.

2. The principal office address: _____

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/26/2018 Document number: N18000003398

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)

Jones, Christopher
3135 1st Ave N #12553
St. Petersburg, FL 33733

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

Registered Agents Inc
7901 4th St N STE 300
P.O. Box NOT acceptable
St. Petersburg FL 33702

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.

Joshua Wallace
Signature of an officer or director

Joshua Wallace - T
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.

David Roberts
Signature of Registered Agent

01/15/2024
Date

If signing on behalf of an entity:

David Roberts
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)