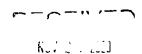
## NZ0 000005191

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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11/24/20--01015--012 \*\*85.00

" 0 9 2021 S. YOUNG

## **COVER LETTER**

. 1

TO:

TO:	Amendment Section Division of Corporations			
SUBJ Name	ECT: Put It On Pete's Tab Inc of Corporation			
DOCU	JMENT NUMBER: N20000005191			
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:		
Emily	lafrate			
Name of Contact Person				
Put It (	On Pete's Tab			
Firm/(	Compan <u>v</u>			
1627 S	SW-15th Ave			
Addre	SS			
Cape C	Toral, FL 33991			
City/S	tate and Zip Code	<del></del>		
putitonpetestab@gmail.com				
E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, p	please call:		
Emily	lafrate	321-3671		
	Name of Contact Person	at (239 )321-3671 Area Code & Daytime Telephone Number		
Enclos	sed is a \$35.00 check made payable to the			
	Mailing Address:	Street Address:		
	Mailing Address: Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

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: Put It On Pete's Tab, Inc.			
2. The principal office address: 1627 SW 15th Ave			
Cape Coral, FL 33991  PO Box 150911 Cape Coral, FL 33990			
3. The mailing address (if different): PO Box 150911 Cape Coral, Ft. 33990			
4. Date of incorporation/qualification: 05/13/2020 Document number: N20000005191			
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)			
Emily lafrate			
542 SE 33rd Ter			
Cape Coral, FL 33904			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
Emily lafrate			
1627 SW 15th Ave			
P.O. Box NOT acceptable			
Cape Coral, FL 33991			
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,		
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.			
Emily Lafrate, President of the Board			
Signature of an officer or director 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 perfor of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or document is being filed merely to reflect a change in the registered office address. I hereby confirm the corporation has been notified in writing of this change.	mance if this iat the		
Eurly Latrate 11/18/2020 Signature of Registered Agent 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)