

# NZ0 000005191

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

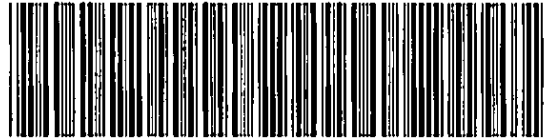
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S. YOUNG

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Put It On Pete's Tab Inc  
Name of Corporation

**DOCUMENT 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 Iafrate

Name of Contact Person

Put It On Pete's Tab

Firm/Company

1627 SW 15th Ave

Address

Cape Coral, FL 33991

City/State and Zip Code

putitonpetestab@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Iafrate

Name of Contact Person

at ( 239 )

321-3671

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

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.

- CR2E045 (04/13)