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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL.
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SECRETARY OF STATE DIVISION OF CORPORATIONS

0 3/2/07

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AMUSant Inc. abatickory Lanes (Name of Corporation)
DOCUMENT NUMBER: PO1000027324
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:
(Name of Contact Person)
Amusant, Inc. dba Hickory Lanes
5420 Hickory St. (Address)
Farmy (City/State and Zip Code) Representation of the Code (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850), 769-7443 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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: Amusant, Inc. Hartickery Lances 2. The principal office address: 5130 Hickory St. TO MONTH FL. 23444
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/15/20\Document number: P0\0002738
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Cott Hoover (P.O. Box NOT acceptable) Registered Agent (if Changed) and /or registered office (if changed):
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.
(Signature of an officer or director) Post Mook 5, 4, 2, 5. (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 neithed in writing of this change.
JAW J. Honorius of Registered Agent) 3-4-07 (Date)
(Signifure of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)