P010000 44328

(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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2023 APR 17 PH 4: 43 1

ETRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations				
SURI	ECT: Artistic Hospitality and Resorts Const	truction, Inc.			
Name	of Corporation				
DOC	UMENT NUMBER: P01000044328	<u></u>			
The e	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.			
Pleaso	e return all correspondence concerning th	is matter to the following:			
	S. Welling				
Name	of Contact Person				
Artisti	c Hospitality and Resorts Construction, Inc.				
Firm/0	Company				
701 E.	. Baker Street				
Addre	ess				
Plant (City, FL 33563				
City/S	State and Zip Code				
•	kpowers@artisticgc.com				
E-ma	il address: (to be used for future annu-	al report notification)			
For fu	orther information concerning this matter,	. please call:			
Kim P	Powers	at (863 \) \(\delta 602-4115			
	Name of Contact Person	at (863)602-4115 Area Code & Daytime Telephone Number			
Enclo	sed is a \$35.00 check made payable to the	e Department of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of ch	ange is submitted for a corporation	on organizea	07.1508, or 617.1508, Florida Statutes, this I under the laws of the State of <mark>Florida</mark> I agent, or both, in the State of Florida.			
	the corporation: Artistic Hospitalit	-				
	l office address: 701 E. Baker Stree					
3. The mailing	address (if different): 701 E. Baker	r Street, Plan	t City, FL 33563			
			Document number: P01000044328			
	d street address of the current regi rtment of State: (If resigned, enter		t and registered office on file with the			
	Jason S. Welling					
	6790 New Tampa Hwy., Ste 209					
	Lakeland, FL 33815					
6. The name an (if changed):	d street address of the new registe	ered agent (i	f changed) and /or registered office			
	Jason S. Welling					
	701 E. Baker Street					
	P.O. Box NOT acceptable Plant City, FL 33563					
The street addr as changed wil	ess of its registered office and th	ie street add	ress of the business office of its registered agent,			
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by been notific	its board of directors or by an officer so ed in writing of the change.			
	ANM	Ja	ason S. Welling			
I hereby accept I further agree of my duties, an document is be	ire of an officer or director t the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan is been notified in writing of this	fall statutes the obligating in the re	Printed or typed name and title gree to act in this capacity, relative to the proper and complete performance ion of my position as registered agent. Or, if this gistered office address, I hereby confirm that the			
Mus	1 WM	J،	ison S. Welling			
	gnature of Registered Agent ehalf of an entity:		Date			
•	Typed or Printed Name	_				

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