

P02000120570

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TALLAHASSEE, FLORIDA

Ps 11/15/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAVANUTZ INC.
(Name of corporation)

DOCUMENT NUMBER: P020001205TD

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:

Velisha A. Steap
(Name of person)

SAM'S
BOONDOCKS AND STIX
(Name of firm/company)

9155 County Rd 13 North
(Address)

St. Augustine FL 32092
(City/state and zip code)

For further information concerning this matter, please call:

Velisha A. STEAP at (904) 940-0199
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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: CAVANUTZ, INC.
2. The principal office address: 9155 COUNTY ROAD 13 NORTH
ST. AUGUSTINE FLA 32092
3. The mailing address (if different): SAME 9155 County Road 13 North
St. Augustine FLA. 32092
4. Date of incorporation/qualification: AUGUST 7²⁰⁰³ Document number: P02000120570
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SARA H. CAVANUTZ
1840 SW 22ND ST 4TH FL
MIAMI, FL 33145

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

VELISHA ANN SLEAP
7691 Palmo Fishcamp Rd.
(P.O. Box or personal mailbox NOT acceptable)
ST. Augustine FLA 32092

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.

Sara H. Cavanaugh
(Signature of an officer or director)

Sara H. Cavanaugh
(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.

Sara H. Cavanaugh
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Sara H. Cavanaugh
(Typed or Printed Name)

(Capacity)