P05 0000 93560

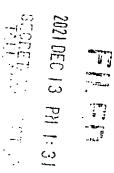
| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| ્ર. SILAS | | | | | | |
| المحال لا كا المحالة | | | | | | |
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Office Use Only



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12/13/21--01036--001 **35.00



COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|---------------|---|---|
| | Division of Corporations | |
| SUBJ: Name | ECT: Forrey Grill Inc of Corporation | |
| | · | |
| DOC | JMENT NUMBER: P05000093560 | |
| The er | nclosed Statement of Change of Registered | d Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this | s matter to the following: |
| | la Johnson | |
| | of Contact Person | |
| • | Cirill Inc | |
| | Company | |
| | orth Bridge Street | |
| Addre | SS | |
| Labelle | e, FL 33935 | |
| City/S | tate and Zip Code | 1 |
| | forreygrill@comcast.net | |
| E-mai | I address: (to be used for future annua | report notification) |
| | | |
| For fu | rther information concerning this matter, p | please call: |
| Amano | da Johnson | at (863)612-0423 |
| | Name of Contact Person | at (863)612-0423 Area Code & Daytime Telephone Number |
| Enclos | sed is a \$35.00 check made payable to the | Department of State. |
| | Mailing Address: Amendment Section | Street Address: |
| | | 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 cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\frac{\mathbf{F}}{\mathbf{F}}$ registered agent, or both, in the State of F | lorida | nis | _ |
|--|---|---|---------------------------------------|-----------------------------|------------------|
| 1. The name of t | he corporation: Forrey Grill Inc. | | | | |
| | office address: 280 North Bridge St | treet, Labelle, FL 33935 | | | _ |
| 3. The mailing a | ddress (if different): | | | | <u> </u> |
| 4. Date of incоп | oration/qualification; 08/01/2005 | 6 30 OSDocument number: P0500009 | 93560 | | |
| 5. The name and | | tered agent and registered office on file wi | | | |
| | Barbara J Grigg-Bailey (resigned) | | | | |
| | 3830 Carupano Ct | | <u>-</u> | | |
| | Punta Gorda, FL 33950 | | | | |
| 6. The name and (if changed): | street address of the new registere | ed agent (if changed) and /or registered of | ice TAIL | 2021 [| |
| | Amanda Johnson | | |)EC | ال |
| | 110 Truman Ave | | | 3 | |
| | | P.O. Box NOT acceptable | 7. To | 9 | |
| | Lehigh Acres, FL 33936 | <u>.</u> | . <u> </u> | | T. |
| The street addre | ss of its registered office and the be identical. | street address of the business office of its | s registere | <u>g</u> age ආ | nt, |
| Such change wa authorized by th | s authorized by resolution duly a se board, or the corporation has b | dopted by its board of directors or by an econocified in writing of the change. | officer so | | |
| amando | Johnson | Amanda Johnson Sec | | | |
| | e of an officer or director | Printed or typed name and tit | le | | ~ |
| - I further agree t - of my duties, an - document is bei | o comply with the provisions of a | ent and agree to act in this capacity, dl statutes relative to the proper and com he obligation of my position as registered e in the registered office address, I hereb hange. | plete perf l agent. (by confirm | ormai)r, if t thát t | nce his he |
| amanda | Johnson untire of Registered Agent | 12/08/2021 | | | |
| Sign | nature of Registered Agent | Date | | | _ |
| If signing on be | half of an entity: | | | | |
| Ту | ped or Printed Name | | | | |

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