(Requestor's Name)				
(Address)	80037131			
(Address)				
(City/State/Zip/Phone #)	08/10/2101008-			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Cajun Paddy Inc Name of Corporation			
DOCUMENT NUMBER: P06000072905			
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:		
Kathleen Day			
Name of Contact Person			
Harp and Celt Irish Pub			
Firm/Company			
25 S Magnolia Ave			
Address			
Orlando Fl 32801			
City/State and Zip Code			
Harpandcelt I@gmail.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, pl	lease call:		
Kathy Day	at (407)927-5827 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the I	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	inge is submitted for a corpor	ation organizea	07,1308, or 017,1308, Ptortaa St under the laws of the State of <u>Fl</u> agent, or both, in the State of Fl	lorida		_
1. The name of	the corporation: Cajun Paddy	Inc				
2. The principal	office address: 25 S. Magnolia	Ave Orlando Fl	32801			
4. Date of incorp	poration/qualification: 05/26/2	2006	Document number: P0600007	2905		
	d street address of the current rtment of State: (If resigned, e		t and registered office on file wit	h the		
	Frederick Boyd (resigned)					
	25 S. Magnolia Avc				203	
	Orlando Fl. 32801				AUG.	· # 1
6. The name and (if changed):	d street address of the new reg	gistered agent (i	f changed) and /or registered offi	cc	2021 AUG 10 PM 4: 56	تت ال ال
	Kathleen Day				<u> </u>	17
	25 S Magnolia Ave				96	
		P.O. Box NO	T acceptable			
	Orlando Fl 32801					
			ress of the business office of its			gent,
Such change w authorized by t	as authorized by resolution d he board, or the corporation	luly adopted by has been notifie	its board of directors or by an odd in writing of the change.	officer	· so	
A	Day	K	athleen Day			
Signati	ire of an officer or director	 -	Printed or typed name and till	c		_
I further agree of my duties, ar document is be	the appointment as registers to comply with the provision ad I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	s of all statutes cept the obligat change in the re	gree to act in this capacity. I relative to the proper and come ion of my position as registered egistered office address. I hereb	plete p agen y conf	verform t. Or i irm tha	iance f this it the
K	Day	0	8/06/2021			
Sig	gnature of Registered Agent		Date			_
If signing on be	ehalf of an entity:					
KATH	Sped 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 * * *