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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -9 P 4: 14

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Buds Etc Inc.
Name of Corporation

DOCUMENT NUMBER: CR2E045 (03/12).

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:

Patti A. Leicht
Name of Contact Person

Buds Etc Inc.
Firm/Company

6400 N US Highway 1
Address

Melbourne FL 32940
City/State and Zip Code

patti@suntree@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patti Leicht at (321) 254-0551
Name of Contact 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
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: Buds Etc Inc
2. The principal office address: 6400 N US Highway 1
Mulbourn FL 32940
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/10/2008 Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Patti Leicht Buds Etc Inc.
(active) 6400 N US Highway 1
Mulbourn FL 32940

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

2825 Business Center Blvd Suite B-9
Mulbourn FL 32940

P.O. Box NOT acceptable

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TALLAHASSEE, FL
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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.

Signature of an officer or director

Patti A Leicht
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.

Signature of Registered Agent

Patti A. Leicht
Date

If signing on behalf of an entity:

Typed or Printed Name

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