P09000014188

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
`	• •	
	Document Number)	
	,	
Certified Copies	Certificates of	Status
		
·		
Special Instructions to Filing Officer:		
-	 	

Office Use Only



800145657848

03/16/09--01012--011 **35.00

FILED

OPMAR 16 AM IO: 24

SEURET ARY OF STATE

of Waland

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: In & Out Hospitality Concepts, Corp. (Name of Corporation)				
DOCUMENT NUMBER: P09000014188				
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:				
Joshua A. Knotts				
(Name of Contact Person)				
In & Out Hospitality Concepts, Corp.				
(Firm/Company)				
715 East Ridgewood Street				
(Address)				
Orlando, FL 32803 (City/State and Zip Code)				
• • •				
For further information concerning this matter, please call:				
Joshua A. Knotts at (407) 284-0328				
Joshua A. Knotts at (407) 284-0328 (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 Street Address: Amendment Section				
Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607 statement of change is submitted for a corporation organized u		
in order to change its registered office or registered a		
1. The name of the corporation: In & Out Hospitality Con	cepts, Corp.	
2. The principal office address: 715 East Ridgewood Str	•	
	***************************************	·····
3. The mailing address (if different): SAME		<u> </u>
4. Date of incorporation/qualification: Feb. 13, 2009	Document number: P0900001	4188
5. The name and street address of the current registered agent a Florida Department of State: (If resigned, enter resigned)	nd registered office on file with the	ne
Joshua Knotts		7AL SE(
1201 E Central Blvd. Apt B	· · · · · · · · · · · · · · · · · · ·	TARE TARE
Orlando, FL 32801		IG /
6. The name and street address of the new registered agent (if c (if changed):	hanged) and /or registered office	AM IO: 2 OF STATE, FLORID
Joshua A. Knotts		DA C
715 East Ridgewood Street (P.O. Box NOT acceptable)		
Orlando, FL 32803		
The street address of its registered office and the street addre as changed will be identical.	ss of the business office of its re	gistered agent,
Such change was authorized by resolution duly adopted by it authorized by the board, or the corporation has been notified	is board of directors or by an off in writing of the change.	icer so
(Signature of an officer or director)	Joshua A. Knotts, Dire (Printed or typed name and title)	ector
I hereby accept the appointment as registered agent and agr. I further agree to comply with the provisions of all statutes r of my duties, and I am familiar with and accept the obligation document is being filed merely to reflect a change in the region corporation has been notified in writing of this change.		
- Joshus Kinth	03/10/2009	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		. •
Joshua A. Knotts (Typed or Printed Name)		
* * * FILING FEE: \$3	35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)