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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

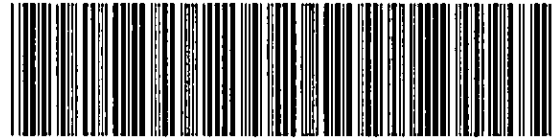
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 09 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAPA BEES INC.
Name of Corporation

DOCUMENT NUMBER: P09000066331

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:

Loretta Hamm
Name of Contact Person

PAPA BEES INC.
Firm/Company

480 S. Ronald Reagan BLVD STE 1036
Address

Longwood, FL 32750
City/State and Zip Code

Loriehamm25@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ciarra Monson at (407) 821-1799
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PADA BEES INC.
2. The principal office address: 480 S. Ronald Reagan Blvd.
SUITE 1036, Longwood, FL 32750
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/15/19 Document number: P09000066331

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)

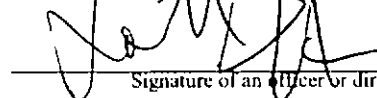
NAYEE, RAJ T ESQ
1300 NORTH SEMORAN BLVD.
SUITE 215
ORLANDO, FL 32807 US

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

LORETTA HAMM
480 S. Ronald Reagan Blvd.
P.O. Box NOT acceptable
Suite 1036, Longwood, FL 32750

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

Loretta Hamm, President

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

11/15/19

Date

If signing on behalf of an entity:

Loretta Hamm

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

2019 OCT -2 PM 6:29