

P11000054407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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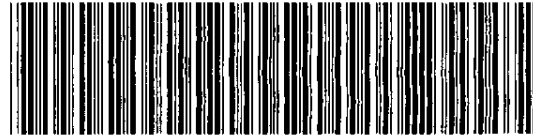
(Business Entity Name)

(Document Number)

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13/03/2013
13/03/2013
13/03/2013

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Have-Nots Comedy, Inc.

Name of Corporation

DOCUMENT NUMBER: P11000054407

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:

Dominic Perenzin

Name of Contact Person

Have-Nots Comedy, Inc.

Firm/Company

12921 SW 99th Ave

Address

Miami, FL 33176

City/State and Zip Code

dominic@havenotscomedy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominic Perenzin

305

562-6025

at (

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2013

HAVE-NOTS COMEDY INC.
12921 SW 99TH AVE
MIAMI, FL 33176

SUBJECT: HAVE-NOTS COMEDY INC.
Ref. Number: P11000054407

We have received your document for HAVE-NOTS COMEDY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 213A00004785

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: Have-Nots Comedy, Inc. (45-2512010)
2. The principal office address: 12921 SW 99th Ave. Miami, FL 33176
3. The mailing address (if different): Same as principal
4. Date of incorporation/qualification: 06/06/2011 Document number: P11000054407
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)

RESIGNED: Jason Mays

1225 Cortez St

Coral Gables, FL 33134

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

Dominic Perenzin


12921 SW 99th Ave

P.O. Box NOT acceptable

Miami, FL 33176

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

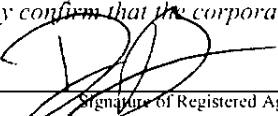
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Jason Mays (Ret. 5, 2013)
Signature of an officer or director

Jason Mays -- RESIGNED

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

03/05/13

Date

If signing on behalf of an entity:

Dominic Perenzin, President

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

CR2E045 (03/12)