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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Cigar City Ventures of Tampa Bay Inc

P13000016206

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:

TANIA GONZALEZ
Name of Contact Person
Firm/Company
7505 N CORTEZ ST
Address
TAMPA FL 33614
City/State and Zip Code
tania1221@yahaa aam

tania 1224@yanoo.com

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

For further information concerning this matter, please call:

TANIA GONZALEZ Name of Contact Person

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

statement of cha	inge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA	
		registered agent, or both, in the State of Florida.	
1. The name of (the corporation: CIGAR CHY	VENTURES OF TAMPA BAY INC	
2. The principal	office address: 7505 N CORT	EZ ST, TAMPA FL 33614	
3. The mailing a	address (if different):		
<u></u>			
4. Date of incorp	poration/qualification: 08/01/20	2013 18 Document number: P13000016206	
		ered agent and registered office on file with the	
	SPAGNOLO, EGIDIO		
	3405 W TAMPA BAY BL	_VD A = 16	
	TAMPA FL 33607		ニニ
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	
	TANIA GONZALEZ		
	7505 N CORTEZ ST		
	TAMPA FL 33614	x NOT acceptable	
The street addre	ess of its registered office and the s	treet address of the business office of its registered agent.	
Such change was	e authorized by resolution duly add a board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	
Signalu	its of to officer or director	SPAGNOLO, EGIDIO Printed or typed name and title	
l further agrée (verformance of	to comply with the provisions of all my duties, and Lam familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address. I fied in writing of this change.	
	mapped of Registered agent	08/08/2018	
-	chalf of an entity:	Date	
Т;	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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