# P14000008349

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
-			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





100266820381

11/26/14--01002--004 \*\*35.00

14 HUA 58 BM 3- 18

W514

#### COVER LETTER

TO: Amendment Section Division of Corporations

**SUBJECT:** Custom Hospitality, Inc.

Name of Corporation

NT NUMBER: P14000008349

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:

#### Steven Smith

Name of Contact Person

#### Custom Hospitality, Inc.

Firm/Company

111 2nd Ave NE, Suite 9XX

Address

St. Petersburg, FL 33701

City/State and Zip Code

### Steve@custom-hospitality.com

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

For further information concerning this matter, please call:

Steven Smith

,727 (479-491

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of Florida Statute of Florida State o	a	<u> </u>
1. The name of	the corporation: Custom Hospitality, Inc.  I office address: 8401 Dr. MLK Jr. St.N, #B280, St. Petersburg,		3702
2. The principal	office address:		<u> </u>
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 01/27/2014 Document number: P1400000	8349	9
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	<b>;</b>	
	Oscar T. Blasingame, Esq		
	8401 Dr. MLK Jr.St.N,Ste. B		
	St. Petersburg, FL 33702		16
6. The name and (if changed):	The name and street address of the new registered agent (if changed) and /or registered offic (if changed):		SECRETA VISION OF
	Stephanie Kehoe	14 NOV 26 PH	25. 25. 25. 27. 27. 27. 27. 27. 27. 27. 27. 27. 27
	111 2nd Ave. NE, Suite 900	ယ္	SIAI
	P.O. Box NOT acceptable  St. Deters burg. El. 33701	<u></u>	SWOI
	St. Petersburg, FL 33701		
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	stered	agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	r so	
	Steven Smith		
I hereby accept I further agree performance of	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as re is document is being filed merely to reflect a change in the registered office additated the corporation has been notified in writing of this change.	egister ress, l	ged
Stepher	mature of Registered Agent 1184114		
Stephi	chalf of an entity:  anie hence		
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

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