

P14000026649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

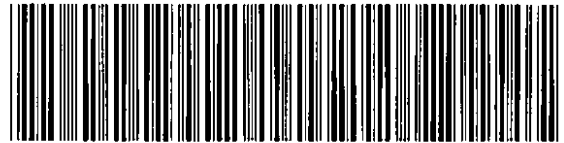
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JUDICIAL CIRCUIT IN AND FOR
THE 11TH JUDICIAL CIRCUIT
IN AND FOR FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Four Ks INC

Name of Corporation

DOCUMENT NUMBER: P14000026649

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:

Bret Hayden

Name of Contact Person

CMH Entertainment Group LLC

Firm/Company

52 Tuscan Way STE 202 #4

Address

St Augustine, FL 32092

City/State and Zip Code

brethayden@comcast.net

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

For further information concerning this matter, please call:

Bret Hayden

Name of Contact Person

at (904)

392.3956

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Four Ks INC
2. The principal office address: 3055 County RD 210 W St Johns FL 32259
3. The mailing address (if different): 52 Tuscan Way STE 202 #4
4. Date of incorporation/qualification: 3/24/2014 Document number: P14000026649
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)

Bret M Hayden

2225 Cascadia ct St Augustine, FL 32092

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

CMH Entertainment Group LLC

52 Tuscan way Ste 202

P.O. Box NOT acceptable

ST Augustine Fl 32092

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

Bret Hayden CEO

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

Bret Hayden CEO

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)