

P140000036538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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03/06/17--01021--031 **25.00

06/13/17--01035--004 **35.00

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
JUN 12 PM 4:03

JUN 14 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Hangover Bar
Name of Corporation

DOCUMENT NUMBER: P14 000036538

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:

Whuru Smith MD
Name of Contact Person

The Hangover Bar
Firm/Company

4401 W Kennedy Blvd Ste 100
Address

Tampa FL 33609
City/State and Zip Code

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

For further information concerning this matter, please call:

Dr. Whuru Smith MD at (713) 864 8315
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

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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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Hangover Bar
2. The principal office address: 4401 W Kennedy Blvd Ste 100
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/23/2014 Document number: P14 000036538
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)

~~Dr Whur Smith MD~~ UHURU SMITH MD
~~10717 Rockledge View Dr~~
~~Riverview FL 33579~~

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

Dr Uhuru Smith MD
10717 Rockledge View Dr
Riverview FL 33579

P.O. Box NOT acceptable

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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] U Smith MD
Signature of an officer or director 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] 4/18/2017
Signature of Registered Agent Date

If signing on behalf of an entity:

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)