P14000091444

(1	Requestor's Name)	
(/	Address)	
. (1	Address)	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: C & SEA BAR HOPPER INC.

Name of Corporation

DOCUMENT NUMBER: P14000091444

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:

AMY J. GALLOWAY

Name of Contact Person

AMY J. GALLOWAY, P. A.

Firm/Company

3020 NE 32ND AVENUE, SUITE 226

Address

FORT LAUDERDALE, FL 33308

City/State and Zip Code

mossgrp@gmail.com

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

For further information concerning this matter, please call:

AMY J. GALLOWAY

,954 315-4887

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: C & SEA BAR HOPPER INC.
2. The principal	office address: 901 SE 2ND STREET, APT. 1, FORT LAUDERDALE, FL 33301
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 11/07/2014 Document number: P14000091444
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	resigned
	•
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office 23
	STEVEN MOSS
	901 SE 2ND STREET, APT. 1
	P.O Box NOT acceptable
	FORT LAUDERDALE, FL 33301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatu	re of an officer or director STEPHEN MOS - PRESIDENT Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	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 registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
SIB	Manufacture of Registered Agent April 11, 2018 Date
	half of an entity:
T	yped 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)