P150000 7020

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)	 		
(Ci	ty/State/Zip/Phon	e #)		
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(Ви	usiness Entity Nar	me)		
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Uncommon Beans Inc					
Name of Corporation					
DOCUMENT NUMBER: P15000017020					
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:					
1 loade total and estimate contesting and the second of					
Registered Agent Inc					
Name of Contact Person					
Firm/Company					
3030 N Rocky Point Drive, Ste 150A					
Address					
Tampa, FI 33607					
City/State and Zip Code					
renewals@veil.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Registered Agent Inc Name of Contact Person Area Code & Daytime Telephone Number					
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 cha	unge is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statute poration organized under the laws of the State of Flor	rida	
in orde	er to change its registered	office or registered agent, or both, in the State of Florida	1.	
1. The name of	the corporation: Uncom	nmon Beans Inc	•	-
2. The principal	office address: 1264 3	34th St. Sarasota, FL 34234		-
3. The mailing a	address (if different):			-
4. Date of incorporation/qualification: 02/20/2015 Document number: P15000017020				
5. The name an		rent registered agent and registered office on file with the		
	United States Co	prporation Agents, Inc		
	13302 Wind Oal	k Court A	SEC 5	
	Tampa FL 33612	2		η
6. The name an (if changed):		v registered agent (if changed) and /or registered office		ロコ
*** ***	REGIST	TERED AGENTS INC.	25 E	
.* *	3030 N. Rocky	Point Drive, STE 150A	3 00	
•		P.O. Box NOT acceptable		
	Tampa, FL 336	607		
The street addr	ess of its registered office I be identical.	e and the street address of the business office of its regis	stered agent,	
Such change wauthorized by t	as authorized by resolution he board, or the corporation	on duly adopted by its board of directors or by an office ion has been notified in writing of the change.	r so	
Signat	uls of art officer or director	GREGORY LI Johnson Printed or typed name and title	Director	
l further agrée verformance o	to comply with the provis f my duties, and I am fami	stered agent and agree to act in this capacity, sions of all statutes relative to the proper and complete iliar with and accept the obligation of my position as re d merely to reflect a change in the registered office add been notified in writing of this change.	egistered ress, I	
	Rec	11/16/2016		
Si	ganture of Registered Agent	Date		
If signing on be	ehalf of an entity:			
	e/Assistant Secretary			
•	Typed or Printed Name	+ PH INC PPP, 625 00 + + +		
	**	* 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)