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To: Division of Corporations		
Fax Number : (850)617-6380		
From:		
Account Name: REGISTERED AGENTS INC.		
Account Number : I20090000081		
Phone : (307)200-2803		26;
Fax, Number : (855)330-1010		20/
~		2020 Нлу
**Enter the email address for this business entity to be used for future	•	26
annual report mailings. Enter only one email address please.**		٥-
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Email Address:	·	
1020		56

REGISTERED AGENT CHANGE STACIE'S COTTAGE CAFE, CORP.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

Help O SIMMONS MAY 27 2020

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of	
1. The name of th	ne corporation: Stacies cottage cafe, Co	rp.	
	office address: 501 1ST AVE. NORTH S		
3. The mailing ac	ddress (if different): 501 1ST AVE. NORTH	H SAINT PETERSBURG, FL 33701	
4. Date of incorp	oration/qualification: 05/14/2015	Document number: P15000043500	
	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file with the d)	
	BUSINESS FILINGS INCORPORATED		
	515 E PARK AVE		
	TALLAHASSEE, FL 32301	2028	
6. The name and (if changed):	street address of the new registered ager	at (if changed) and /or registered office	
	Registered Agents Inc.		
	7901 4th St N STE 300		
P.O. Box NOT acceptable		acceptable - On	
	St. Petersburg FL 33702		
The street addre	ss of its registered office and the street be identical.	address of the business office of its registered agent,	
		by its board of directors or by an officer so iffied in writing of the change.	
Stacie,	Shapiro	Stacie Shapiro	
I furthér agrée t nerformance of l	my duties, and I am familiar with and a	Printed or typed name and title d agree to act in this capacity, stes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, I n writing of this change.	
Bee Han	•	05/25/2020	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Bill Havre			
Ту	ped or Printed Name	F. ¢25 00 * * *	
	* * * FILING FE	E. \$33.00 ' ' '	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)