

P15000056811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

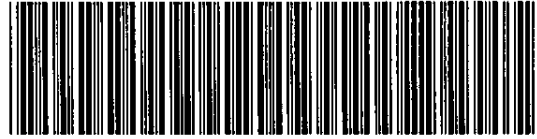
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ATLANTA, GA 30333

10/24/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHUNKY HORSE INC
Name of Corporation

DOCUMENT NUMBER: P15000056811

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:

SAMIR CURY
Name of Contact Person

PHUNKY HORSE INC
Firm/Company

15397 SW 40th ST
Address

DAVIE, FL 33331
City/State and Zip Code

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

For further information concerning this matter, please call:

SAMIR CURY at (954) 6700216
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

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: PHUNKY HORSE, INC
2. The principal office address: 15397 SW 40th ST, DAVIE, FL 33331
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 07/01/2015 Document number: P15000056811

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)

SAMIR CURY
824 REGAL COVE RD
WESTON, FL 33327

OLD ADDRESS

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

15397 SW 40th ST
DAVIE, FL 33331
P.O. Box NOT acceptable

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DEPT OF STATE

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 (handwritten signature)

SAMIR CURY
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 (handwritten signature)

9/30/16
Date

If signing on behalf of an entity:

SAMIR CURY
Typed or Printed Name

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