P1400045956

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Taxa gour authoxization to correct Ris hame |
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| Office Use Only |



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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: The Pink Potunics Name of Corpora | tion |
| DOCUMENT NUMBER: PLGOOOLOS | 5956 |
| The enclosed Statement of Change of Registered Office/Ager | nt and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the | i |
| Tara Coluk Name of Contact P | erson |
| Firm/Company | NIC 17 D |
| 9571 Cypress Lake | DEC -t 1 |
| Ft. Mycrs City/State and Zip | |
| E-mail address: (to be used for future a | Sighment & Gmail. Cover unual report notification |
| For further information concerning this matter, please call: | |
| Name of Contact Person at (| Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of | 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 |

CR2E045 (03/12)



November 17, 2017

TARA GOLUB 9571 CYPRESS LAKE DRIVE FORT MYERS, FL 33919

SUBJECT: THE PINK PETUNIA INC

Ref. Number: P16000065956

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 017A00023406

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Division of the property of th

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 Pink Petunic Inc. |
| 2. The principal office address: 9403 Cypress Lake Dr Duite 12 Ft Myers FL 33918 |
| 3. The mailing address (if different): 9403 Cypress Lake Dr Sul-et- |
| 4. Date of incorporation/qualification: 8/9/16 Document number: 7/160000/5956 |
| 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) |
| Taxa Golwb 7 28 |
| 9571 Cypress Lake Dr |
| 1-Myers FL3399 = 335 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Jaxa Galub |
| 9403 Corpress Lake Dr Suite#2 |
| Ft Myers FL 33919 |
| 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. |
| Tora Golub |
| 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 Date Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |

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