

P17000017117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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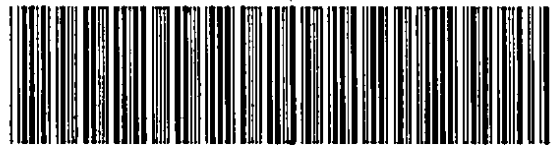
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Coffeeine, Inc.

Name of Corporation

DOCUMENT NUMBER: P17000017117

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:

Brian R. Tye

Name of Contact Person

Coffeeine, Inc.

Firm/Company

9827 51st Ave. N.

Address

St. Petersburg, FL 33708

City/State and Zip Code

brian@coffeeine.co

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

For further information concerning this matter, please call:

Brian R. Tye

347 450-0893

Name of Contact Person

at (_____) _____
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: Coffeeine, Inc.

2. The principal office address: 9827 51st Ave. N.
St. Petersburg, FL 33708

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/06/2017 Document number: P17000017117

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)

INCorp SERVICES, INC.

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

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

REGISTERED AGENTS INC.

3030 N. Rocky Point Drive, STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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.

Brian R. Tye
Signature of an officer or director

Brian R. Tye, VP

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.

Bill Havre
Signature of Registered Agent

01/05/2017

Date

If signing on behalf of an entity:

Bill Havre/Assistant Secretary

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA