

P17000023436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

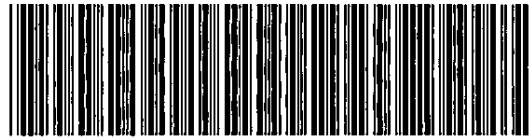
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800299058018

05/15/17--01009 -003 **35.00

FILED

17 MAY 15 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 18 2017

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Island Breeze Fritzy, Inc.
Name of Corporation

DOCUMENT NUMBER: P1700023436

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:

Wisnel Cadet
Name of Contact Person

N/A
Firm/Company

4901 Crofton Way
Address

Tampa, FL 33625
City/State and Zip Code

nellz.nj@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wisnel Cadet at (813) 379-5569
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: Island Breeze Frtday, Inc.
2. The principal office address: 4901 Crofton Way
Tampa FL 33625
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/28/2017 Document number: P17000023436
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)

Nelly Njeru (resigned)
4901 Crofton Way
Tampa, FL 33625

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

Wisnel Cadet
4901 Crofton Way
P.O. Box NOT acceptable
TAMPA, FL 33625

FILED
17 MAY 15 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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]
Signature of an officer or director

May 12th, 2017
Printed or typed name and date

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]
Signature of Registered Agent

5/12/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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