## P17000089968

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
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(Business Entity Name)							
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## COVER LETTER

то:	Amendment Section Division of Corporations		·
SUBJ Name	ECT: FRONT ROW SPORTSBAR & GRIL of Corporation	L, INC.	
DOC	UMENT NUMBER: P17000089968		<u>.                                    </u>
The er	nclosed Statement of Change of Registere	ed Office/Agent and fo	ce are submitted for filing.
Please	return all correspondence concerning thi	is matter to the follow	ing:
	NNA CARRINGTON-HOOKER, EA		
Name	of Contact Person		
	VATIVE TAX SOLUTIONS OF CENTRAL	FL INC	
Firm/C	Company	· · · · · · · · · · · · · · · · · · ·	
	SILVER STAR RD		
Addre	SS		
	E FL 34761		
City/S	tate and Zip Code		
	INFO@ITSCFL.COM		
E-mai	l address: (to be used for future annua	al report notification	)
For fu	rther information concerning this matter,	please call:	
ARIAN	NNA CARRINGTON-HOOKER, EA	at / 407	,499-2967
	Name of Contact Person	Area Co	) 499-2967 ode & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Addre	
	Division of Corporations	Division of (	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	ange is submitted	d for a corporation organ	12, 607.1508, or 617.1508 sized under the laws of the ered agent, or both, in the	e State of FLC	ORIDA		
	the corporation:	EDONT DOW COORTS	•	' State of Etori	aa.		
	office address:	LACALCE ADVE DO					
2. The principal	office address	OCOEE, FL 34761					
3. The mailing a	address (if differ	ent):				<del></del>	
4. Date of incor	poration/qualific	eation:11/07/2017	Document number:	P1700008996	58		
5. The name and	d street address o		gent and registered office				
	DORSEY, JEFF	FERY K					
	16501 PINE TI	MBER AVE					
	MONTVERDE	, FL 34756	_		2021 SEP 20	رامه نس	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						COLUMN COLUMN L	
	INNOVATIVE	TAX SOLUTIONS OF CI	ENTRAL FL INC	SER		9 9 15	
	1678 E SILVER	R STAR RD		STATE	AM 10: 21	-	
	OCCUPE EL 115		NOT acceptable		œ		
	OCOEE FL 347	'61 					
The street address changed will	ess of its register be identical.	red office and the street	address of the business o	ffice of its reg	gistere	d agent,	
Such change was authorized by the	ns authorized by ne board, or the	resolution duly adopted corporation has been no	l by its board of directors tilied in writing of the ch	or by an officiange.	cer so		
Charle	n //2	`	CHARLES E LEWIS JR	., PRESIDENT			
_	re of an officer or dire		Printed or typed				
of my duties, an document is bei	to compty with t d I am familiar ng filed merely	it as registered agent and the provisions of all stati with and accept the obli to reflect a change in the n writing of this change.	d agree to act in this cap ites relative to the prope gation of my position as e registered office addres	acity. r and complet registered ag ss. I hereby co	e perfe ent. O infirm	rmance r, if this that the	
Meaning	nature of Registered	ye Harle	9-10.	<u> 202/</u>			
It signing on be							
ARIANNA CAR	·						
	yped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(45 (04/13)

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