

P18 000016448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

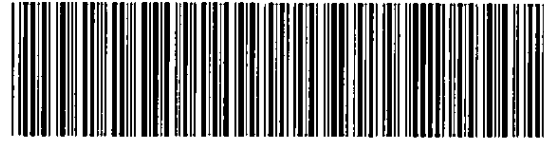
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800424988188

FILED

2024 MAR -6 AM 9:43

CLERK OF STATE
TALLAHASSEE, FL



RECEIVED

2024 MAR -6 AM 9:43

TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 338692 8433658

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : February 28, 2024

ORDER TIME : 2:17 PM

ORDER NO. : 338692-001

CUSTOMER NO: 8433658

CHANGE OF AGENT

NAME: OCTOBER MOON HOLDINGS INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

FILED
2024 MAR -6 AM 9:43
TALLAHASSEE, FL

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: OCTOBER MOON HOLDINGS INC
2. The principal office address: 3215 WEST GULF D-301 SANIBEL, FL 33957
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/19/2018 Document number: P18000016448
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)

LARSEN, CHARLES W

3215 W. GULF D-301

SANIBEL, FL 33957

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

CORPORATION SERVICE COMPANY

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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

Charles Larsen, PRESIDENT

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.

By: 

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

FILED
2024 MAR -6 AM 9:10
TALLAHASSEE, FL