

P 180000589887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

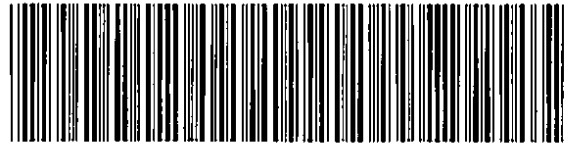
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800432268538

05/28/24--01019--012 **35.00

7/23/24
12 leavers

2024 JUL 28 8:05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IT IS BUSINESS NOT MINE INC
Name of Corporation

DOCUMENT NUMBER: P18000089887

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:

PETER A. RENZ
Name of Contact Person

Firm/Company
614 IBIBISUS TRAIL
Address

MELBOURNE BEACH, FL 32951
City/State and Zip Code

Peter.Renz@fzyical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER RENZ at (703) 581-0191
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: HIS BUSINESS NOT MINE, INC
2. The principal office address: 417 5TH AVE SUITE 101B
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/28/2018 Document number: P18000089887
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)
- GINGER D. SNEAD
877 N HWY A1A UNIT 104
INDIALANTIC, FL 32903

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

PETER A. RENZ
614 Hibiscus Trail
P.O. Box NOT acceptable
MELBOURNE BEACH, FL 32951

2020 JUN 28 AM 8:05

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.

Ginger Snead
Signature of an officer or director

GINGER D. SNEAD, CEO
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.

P A Renz
Signature of Registered Agent

6/23/24
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)