

P18000099173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

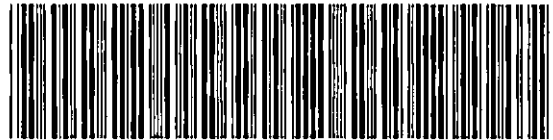
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOUSE OF MUZIC HOOKAH LOUNG  
Name of Corporation

**DOCUMENT NUMBER:** P18000099173

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:

CARLOS PEREZ  
Name of Contact Person  
CPEREZ PROFESSIONAL SERVI  
Firm/Company  
4343 W WATERS AVE  
Address  
TAMPA FL 33614  
City/State and Zip Code  
CPEREZPROSVCINC@GMAIL.CC  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS PEREZ at ( 813 ) 2492300  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOUSE OF MUZIC HOOKAH LOUNGE INC  
2. The principal office address: 6901 N TAMPANIA AVE TAMPA FL 33614

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/05/2018 Document number: P18000099173

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)

DANIEL VILORAMA

6901 N TAMPANIA AVE

TAMPA FL 33614

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

DANIEL VILOMARA

6901 N TAMPANIA AVE

P.O. Box NOT acceptable

TAMPA FL 33614

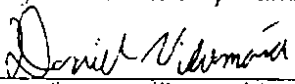
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

\_\_\_\_\_  
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.*

  
Signature of Registered Agent

12-7-2017  
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 (03/12)