

P19000036806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

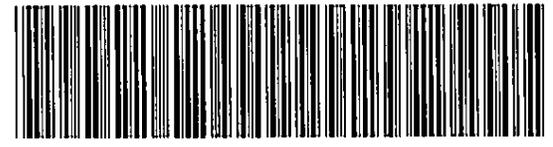
(Business Entity Name)

(Document Number)

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2020 MAY -4 PM 4:30
DIVISION OF REVENUE
TAXPAYER SERVICE

AM
5/21/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pepper Grove Inc.
Name of Corporation

DOCUMENT NUMBER: P19000036806

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:

Jonathan Hoffmann
Name of Contact Person

Pepper Grove Inc.
Firm/Company

900 Treasure Cay Dr. Apt. 207
Address

Fort Pierce FL 34947
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Hoffmann at (850) 591 6840
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: Pepper Grove Inc.
- 2. The principal office address: 900 Treasure Cay Dr. Apt. 207
Fort Pierce, FL 34947
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 04/25/2019 Document number: P19000036806
- 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)

UNITED STATES CORPORATIONS AGENTS, INC.
5575 S. SEMORAN BLVD. SUITE 36
ORLANDO, FL 32822

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

Jonathan Hoffmann
900 Treasure Cay Dr. Apt. 207
P.O. Box NOT acceptable
Fort Pierce, FL 34947

FILED
 DIVISION OF CORPORATIONS
 2020 MAY - 4 PM 4: 30

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

Jonathan Hoffmann 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.

[Signature]
 Signature of Registered Agent

05/01/2020
 Date

If signing on behalf of an entity:

Jonathan Hoffmann
 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