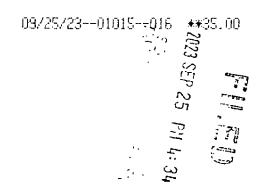
## P19000063990

(Requestor's Name)			
(Address)	<del></del>		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	-		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
umik			

Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Kwen Gesha Coffee Roasters, Inc. of Corporation	
DOC	UMENT NUMBER: P19000063990	
		d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Patrici	a Lamastus	
	of Contact Person	<del></del>
	Gesha Coffee Roasters, Inc.	
	Company Birdbend Loop	
Addre	ess	
Ovied	o, FL32765	
City/S	state and Zip Code	
	patsyl@kwengcr.com	
E-ma	il address: (to be used for future annua	report notification)
For fu	orther information concerning this matter, p	please call:
Patrici	a Lamastus	at (407 ) 491-4757  Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, to provide the state of the State of Florida Statutes, to provide the state of Florida State of the S	his
	ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation:Kwen Gesha Coffee Roasters, Inc.	
2. The principal	d office address:	
	Oviedo, FL 32765	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: July 26, 2019 Document number: P19000063990	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Randall A Edney	
	3150 Heirloom Rose Place	
	Oviedo, FL 32766	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office :	2023 SEP
	Patricia Lamastus	25
	5406 Birchbend Loop	<u> </u>
P.O. Box NOT acceptable		
	Oviedo, FL 32765	4: 34
The street addre	ress of its registered office and the street address of the business office of its register If be identical.	•
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer sthe board, or the corporation has been notified in writing of the change.	o
Tath Signatur	Patricia Lamastus, President / CEO Printed or typed name and title	<del></del>
I further nares t	of the appointment as registered agent and agree to act in this capacity, is to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. Seeing filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change.	rformance Or, if this m that the
Path	Bucie Lamastus 9/21/23  ignature of Registered Agent Date	
	behalf of an entity:	
	Typed or Printed Name	

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