

P21000093877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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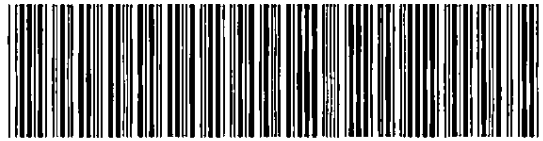
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stinkicat Inc
Name of Corporation

DOCUMENT NUMBER: P21000093877

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:

Shelley Brown
Name of Contact Person

Stinkicat Inc
Firm/Company

5133 W. Clifton St.
Address

Tampa FL 33634
City/State and Zip Code

Shelley@11oneplumbing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Brown at (813) 477-1870
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

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TALLAHASSEE, FL
DEPARTMENT OF STATE

**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: Stnkicat Inc.
2. The principal office address: 8383 Riverdale Ln
Davenport FL 33896
3. The mailing address (if different): 5133 W. Clifton St Tampa FL 33634
4. Date of incorporation/qualification: 11/1/2021 Document number: P21000093877
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)

Tommi Hakula
8383 Riverdale Ln
Davenport FL 33896

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

Shelley Brown
5133 W. Clifton St.
P.O. Box NOT acceptable
Tampa FL 33634

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.

Tommi Hakula
Signature of an officer or director

Tommi Hakula
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.

Shelley Brown
Signature of Registered Agent

2/13/23
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)

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TALLAHASSEE, FL