

P24 0000 31275

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : ROCKE MCLEAN & SBAR
Account Number : 120080000020
Phone : (813)769-5600
Fax Number : (813)769-5601

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gwolf@greensborolaw.com

**REGISTERED AGENT CHANGE
COOK OUT-TAMPA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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**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: Conk Out-Tampa, Inc.
2. The principal office address: 15 Lark Lane, Suite 300, Thomasville, NC 27360
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/01/2024 Document number: P24000031275
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)

Rocke, McLean & Sbar, P.A.

2309 S. MacDill Avenue

Tampa, FL 33629

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

CT Corporation System

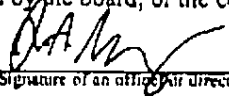
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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

Jeremy A. Reaves, 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 of Registered Agent

June 5, 2024

Date

If signing on behalf of an entity:

C T Corporation System, Theresa Buck, Assistant Secretary

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

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