P93000010413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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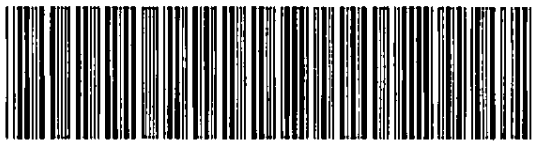

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE LAST RESORT BAR, INC
Name of Corporation

DOCUMENT NUMBER: P93000010413

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:

Alfred Bulling
Name of Contact Person

The Last Resort Bar, Inc.
Firm/Company

5912 S. Ridgewood Avenue
Address

Port Orange, Florida
City/State and Zip Code

alslastresort@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfred Bulling at (386) 631-8553
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

CR2E045 (01-13)

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: THE LAST RESORT BAR, INC

2. The principal office address: 5912 S. Ridgewood Avenue
Port Orange, Florida 32127

3. The mailing address (if different) (same as above)

4. Date of incorporation qualification: 02/11/1993 Document number: P30000010413

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)

Jodi Rippey
5912 S. Ridgewood Avenue
Port Orange, Florida 32127

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

Alfred Bulling
5912 S. Ridgewood Avenue
P.O. Box NOT acceptable
Port Orange, Florida 32127

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.

Alfred Bulling — ALFRED BULLING
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.

Alfred Bulling — 9-27-2021
Signature of Registered Agent — Date

If signing on behalf of an entity

Typed or Printed Name

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SECRETARY OF STATE
TALLAHASSEE, FL

* * * 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)