

P95000033913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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18 FEB - 1 PM 12:24
18 FEB 2018
18 FEB 2018

R. White

R. WHITE

FEB 02 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hop Hedz, Inc
Name of Corporation

DOCUMENT NUMBER: P95000033913

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:

Lewis Mustard
Name of Contact Person

Hop Hedz, Inc.
Firm/Company

303 S Melville Avenue
Address

Tampa, FL 33606
City/State and Zip Code

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

For further information concerning this matter, please call:

Lewis Mustard at (813) 734-5777
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2018

LEWIS MUSTARD
303 S MELVILLE AVE
TAMPA, FL 33606

SUBJECT: HOP-HEDZ, INC.
Ref. Number: P95000033913

We have received your document for HOP-HEDZ, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 918A00001468

REC'D
18 FEB -1 PM 2:55
DEPT. OF STATE
CORPORATIONS

**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.

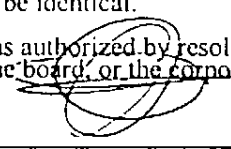
1. The name of the corporation: Hop Hedz, Inc.
2. The principal office address: 211 S Fremont Avenue, Tampa, FL 33606
3. The mailing address (if different): 303 S Melville Avenue, Tampa, FL 33606
4. Date of incorporation/qualification: 4/26/95 Document number: P95000033913
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Lewis Mustard
211 S Fremont Ave
Tampa, FL 33606

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

Lewis Mustard
303 S Melville Avenue
P.O. Box NOT acceptable
Tampa, FL 33606

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.

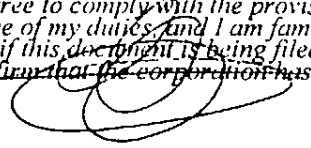


Signature of an officer or director

Lewis Mustard, PTSV

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

1/16/2018

Date

If signing on behalf of an entity:

LEWIS MUSTARD

Typed or Printed Name

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