

P 95 000078364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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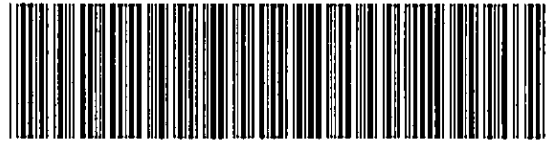
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

C. BRUMBLEY
FEB 15 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M.S. CASTLE INC
Name of Corporation

DOCUMENT NUMBER: P95000078364

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:

Shelly WALTON
Name of Contact Person

BACKSTREETS SPORTS BAR
Firm/Company

915 SE 47TH TERRACE
Address

CAPE CORAL FL 33904
City/State and Zip Code

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

For further information concerning this matter, please call:

Shelly Walton at 239, 478 0001
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

**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: M.S. CASTLE INC.
2. The principal office address: 915 SE 47TH TURNPIKE
CAPE CORAL FL 33904
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/12/1995 Document number: P95000078364
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)

GSK REGISTERED AGENTS INC.
3501 DEL PRADO BLVD #212
CAPE CORAL FL 33904

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

GSK REGISTERED AGENTS INC.
1380 ROYAL PALM SEAVAR BLVD
P.O. Box NOT acceptable
FT. MYERS FL 33919

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.

Shelly Walton
Signature of an officer or director

Shelly Walton
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]
Signature of Registered Agent

11/27/22
Date

If signing on behalf of an entity:

Kevin A. Kyle
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
CR21045 (04/13)

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