P95000107903

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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Doe | cument Number) | |
| ertified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

| HOLLWHOOD MIGHTS INC | | |
|-----------------------------------------------------|-----------------------------------------------------------|--|
| SUBJECT: HOLLYWOOD NIGHTS, INC. Name of Corporation | | |
| DOCUMENT NUMBER: P98000107903 | | |
| The enclosed Statement of Change of Registere | d Office/Agent and fee are submitted for filing. | |
| Please return all correspondence concerning this | s matter to the following: | |
| Jerry Pronesti | | |
| Name of Contact Person | | |
| HOLLYWOOD NIGHTS, INC. | | |
| Firm/Company | | |
| 75 Brunswick Lane | | |
| Address | | |
| Palm Coast, FL 32137 | | |
| City/State and Zip Code | | |
| JEPRONESTI@GMAIL.CO | DM . | |
| E-mail address: (to be used for future annua | l report notification) | |
| For further information concerning this matter, | please call: | |
| Jerry Pronesti | at (386) 569-1395 Area Code & Daytime Telephone Number | |
| 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 | Street Address: Amendment Section | |
| Division of Corporations | Amendment Section Division of Corporations | |
| P.O. Box 6327 | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2F045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of <mark>Flori</mark> registered agent, or both, in the State of Florid | da | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|
| 1. The name of t | he corporation: HOLLYWOOD NI | IGHTS, INC. | | |
| 2. The principal FLAGLER BEA | office address: 2513 MOODY BLV CH, FL 32136 | TD | | |
| 3. The mailing a | ddress (if different): 75 Brunswick | Lane, Palm Coast, FL 32137 | . | |
| 4. Date of incorporation/qualification: 12/28/1998 Document number: P98000107 | | | 3 | |
| | street address of the current regist tment of State: (If resigned, enter r | tered agent and registered office on file with the resigned) | ie | |
| | Emma Pronesti 70 BLAIRCASTLE | E DR PALM COAST, FL 32137 | | |
| | | | TALLAR TALLAR | 2020 SEP 14 AM 10: 46 |
| 6. The name and (if changed): | · | ed agent (if changed) and /or registered office | ASSEE Y OF S | + AMI |
| | Dave De Palma | | EST TX | Ö. L |
| | FL 32137 | <u> </u> | တ် | |
| | i | P.O. Box, NOT acceptable | | |
| The street addre as changed will | ss of its registered office and the be identical. | street address of the business office of its reg | gistered a | gent. |
| | | dopted by its board of directors or by an offi- een notified in writing of the change. | cer so | |
| | e Tronsh | EMMA PRONESTI | | |
| I hereby accept I fin ther agree to of my duties, an document is bei | d Lam familiar with and accept ti | ent and agree to act in this capacity. It stanges relative to the proper and complet the obligation of my position as registered ag e in the registered office address, I hereby co hange. | ent. Or. | il this - |
| 72 | Dell | 9/9/2020 | | |
| Sign | nature of Regislered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| HOLLYWOOD | | | | |
| Ty | ped or Primed Name | | | |

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

Make checks payable to Florida Department of State Mail for Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (04/13)