799000004018

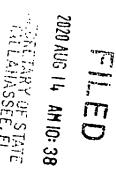
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Ja Iolonlas

COVER LETTER

Amendment Section Division of Corporations

TO:

, · · ·	
SUBJECT: FEEL AT HOME INC.	
Name of Corporation	
·	
DOCUMENT NUMBER: P99000004018	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
ADEYEMI ONIKEKI	
Name of Contact Person	
FEEL AT HOME INC.	
Firm/Company	
129 W. 131ST AVENUE,	
Address	
TAMPA, FLORIDA, 33012	
City/State and Zip Code	
feelathomealf@gmail.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please	call:
ADEYEMI ONIKEKU	at (813)933-9845
Name of Contact Person	at (813)933-9845 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address:	Street Address:
· · · · · · · · · · · · · · · · · · ·	•
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of FLORI	DA	
	er to change its registered office or registered agent, or both, in the State of Florida	I.	
	the corporation: FEEL AT HOME INC.		
2. The principal	office address: 129 WEST 131ST AVENUE, TAMPA, FLORIDA, 33612		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/11/1999 Document number: P99000004018		
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	ANNABELLE CANLA		
	129 WEST 131ST AVENUE, TAMPA, FLORIDA, 33612	a ≥	
	(A)	020 AI	7
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	•	1
	ADEYEMI ONIKEKU	=======================================	
	129 WEST 131ST AVENUE, TAMPA, FLORIDA, 33612	AM 10: 38	
	P.O. Box NOT acceptable	_	
Such change wa authorized by the	ess of its registered office and the street address of the business office of its registle identical. as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.		gent,
x Manu	el M. Canles MANUEL CANLAS, DIRECTOR		
I harabu aaaant	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agenting filed merely to reflect a change in the registered office address, I hereby constitution in writing of this change.	perform it. Or i firm the	nance if this it the
If signing on bo	chalf of an entity: 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 CR2E045 (04/13)