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R. WHITE

MAY 0.3 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FAST FUNDS, INC. Name of Corporation
DOCUMENT NUMBER: <u>P99000018494</u>
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:
William Jacon Brexton Name of Contact Person  Fast Fuls Inc.  Firm/Company
Firm/Company
2727 Brua Terrea
1tully-on, FL. 33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 927-4376  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

3

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

statement of char	rovisions of sections 607.05 ige is submitted for a corpor to change its registered offi	ation organized und	er the laws of the State of	Flood		<b></b>
1. The name of the	ne corporation: FAST F	inos, Inc.				
2. The principal of	office address: 2777	Bruce Terri	nce, Hollyman,	FL. 3	<u>30.</u>	0 (
3. The mailing ac	ldress (if different):					
4. Date of incorp	oration/qualification: 2/20	194 De	ocument number: P990	1000	840	ių
	street address of the current ment of State: (If resigned, c		registered office on file w	ith the		
	William Jan	Breston				
	12954 Ban	vall.				
- -	Mion, Fr.	•			<b>6</b> 사건은	. <u>.</u>
6. The name and (if changed):  -	_	gistored agent (if cha Rockton Stuce Terrock 1 FL 3302 P.O. Box NOT acceptable	e	• •	30 PH 1:47	;= m D
The street address as changed will be	ss of its registered office an oe idenfical	d the street address	of the business office of it	s registere	d ago	ent,
	authorized by resolution de board, or the corporation i		oard of directors or by an writing of the change.  1. 2. 3. Bak.  Printed or typed name and tit			_
I hereby accept to I further agree to performance of to avent. Or, if this	Tovan officer or director  he appointment as registere  o comply with the provision  ny duties and I am familiar  i document is being filed me  hat the porporation has bee	s of all statutes rela with and accept the erely to reflect a cha	to act in this capacity. tive to the proper and con e obligation of my position tuge in the registered offic	nplete n as regist	ered , I	
			4-24-18 Date			
	pure of Registered Agent	<del></del>	Date			_
If signing on beh	alf of an entity:					
Ту	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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