V09829

(Re	questor's Name)			
————(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
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COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ Name	ECT: Flantastic Enterprises, Inc. of Corporation					
DOC	UMENT NUMBER: V09829					
The er	nclosed Statement of Change of Registered	l Office/Agent	and fee	are submitted for filing.		
Please	e return all correspondence concerning this	matter to the f	ollowin	g:		
Rumbe	ellis Robinson					
Name	of Contact Person					
Flanta	stic Enterprises, Inc.					
Firm/0	Company					
	int Claude Place					
Addre	SS					
	Johns, Florida 32259					
City/S	tate and Zip Code					
	flantastic@att.net					
E-ma	il address: (to be used for future annual	l report notific	cation)			
For fu	rther information concerning this matter, p	olease call:				
Rumbe	ellis Robinson	at (⁹⁽)4	476-9106		
	Name of Contact Person	— un (A	rea Coo) 476-9106 le & Daytime Telephone Number		
Enclos	sed is a \$35.00 check made payable to the	Department of	State.			
	Mailing Address: Amendment Section	Amend	Street Address: Amendment Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32314					

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi ir to change its registered office or registe	zed under the laws of the State of Florida	····
1. The name of t	the corporation: Flantastic Enterprises, Inc.		
2. The principal	office address: 508 Saint Claude Place. Sain	nt Johns, FL 32259	
3. The mailing a	address (if different): same		
	poration/qualification: 01/29/1992		
5. The name and	I street address of the current registered ag tment of State: (If resigned, enter resigned	gent and registered office on file with the	
	Rumbellis Robinson		
	14145 Mahogany Avc.		
	Jacksonville, FL 32258		
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered office	
	Rumbellis Robinson		
	508 Saint Claude Place		-
	P.O. Box	NOT acceptable	
	Saint Johns, FL 32259		···
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its regis	tered agent,
_	as authorized by resolution duly adopted ne board, or the corporation has been not		
Quan hill	la Galina Lean	Rumbellis Robinson	
Signatur	re of an officer or director	Printed or typed name and title	
I furthèr agrée i	the appointment as registered agent and to comply with the provisions of all statuded I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	tes relative to the proper and complete i	performance t. Or if this firm that the
Lundalle	Le Courant	11/24/2020	
If signing on he	nature of Registered Agent half of an entity:	Date	
n agning on oc	ian or an only.		
T	yped or Printed Name		

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