P94000072745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SeaGrape of North West Florida, Inc.
SUBJECT: _____
Name of Corporation

P94000072745
DOCUMENT NUMBER: _____

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:

Allan W. Hawkins, President
_____
Name of Contact Person

SeaGrape of North West Florida, Inc.
_____
Firm/Company

14250 Perdido Key Drive, Unit B
_____
Address

Pensacola, FL 32507
_____
City/State and Zip Code

broker@perdidokey.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allan W. Hawkins at (850) 232-4295
_____ _____
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2013

ALLAN W. HAWKINS
SEAGRAPE OF NORTH WEST FLORIDA, INC.
14250 PERDIDO KEY DRIVE - UNIT B
PENSACOLA, FL 32507

SUBJECT: SEAGRAPE OF NORTH WEST FLORIDA, INC.
Ref. Number: P94000072745

We have received your document for SEAGRAPE OF NORTH WEST FLORIDA, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 813A00002409

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: SeaGrape of North West Florida, Inc.

2. The principal office address: 14250 Perdido Key Drive, Unit B
Pensacola, FL 32507

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/04/1994 Document number: P94000072745

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)

Thayer M. Marts
155 Office Plaza Drive
Tallahassee, FL 32301

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

Allan W. Hawkins
14250 Perdido Key Drive, Unit B
P.O. Box NOT acceptable
Pensacola, FL 32507

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TALLAHASSEE, FLORIDA

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.

Allan W. Hawkins
Signature of an officer or director

Allan W. Hawkins, President
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.

Allan W. Hawkins
Signature of Registered Agent

1/23/13
Date

If signing on behalf of an entity:

Allan W. Hawkins, President
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 (03/12)