

253046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

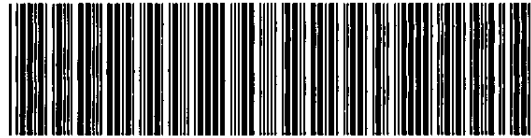
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10 11/22/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LEWIS MARINE SUPPLY OF CENTRAL FLORIDA, INC.  
(Name of Corporation)

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:

TLS/NRAI

(Name of Contact Person)

NRAI

(Firm/Company)

2731 EXECUTIVE PARK DRIVE, SUITE 4  
(Address)

WESTON, FL 33331  
(City/State and Zip Code)

For further information concerning this matter, please call:

TLS/NRAI at ( 954 ) 318-2787  
(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

November 10, 2010

TLS/NRAI  
NRAI  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331

SUBJECT: LEWIS MARINE SUPPLY OF CENTRAL FLORIDA, INC.  
Ref. Number: 253046

We have received your document for LEWIS MARINE SUPPLY OF CENTRAL 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):

Please sign and print your name in the spaces provided when signing on behalf of an entity.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 810A00026491

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEWIS MARINE SUPPLY OF CENTRAL FLORIDA, INC.
2. The principal office address: 220 SW 32ND STREET FORT LAUDERDALE FL 33315
3. The mailing address (if different): P.O. BOX 21107 FT. LAUDERDALE FL 33335-1107 US
4. Date of incorporation/qualification: 11/10/1961 Document number: 253046
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
STEPHENS, JOHN E 220 SW 32ND ST FORT LAUDERDALE FL 33315 US

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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.

X *John E. Stephens* V.P.  
(Signature of an officer or director)

*JOHN E. STEPHENS* Vice 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.

*Tony Smith, Asst Sec*  
(Signature of Registered Agent)

*11-4-2010*  
(Date)

If signing on behalf of an entity:

*Tony Smith*  
(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 NOV 22 PM 3:08