

517354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

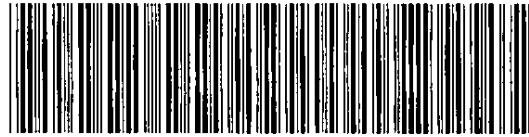
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **THE MURPHY TRANSFER CO.**

Name of Corporation

DOCUMENT NUMBER: **517354**

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:

VICTOR MARTINELLI

Name of Contact Person

THE MURPHY TRANSFER CO

Firm/Company

P.O. BOX 3768

Address

WEST PALM BEACH, FL 33402

City/State and Zip Code

vmwolve@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR MARTINELLI

Name of Contact Person

561 655-3634 X118

at () 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

**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: THE MURPHY TRANSFER CO
2. The principal office address: 1801 CENTREPARK DRIVE E, SUITE 150
WEST PALM BEACH, FL 33401
3. The mailing address (if different): P.O. BOX 3768
WEST PALM BEACH, FL 33402
4. Date of incorporation/qualification: 10/28/1976 Document number: 517354
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)
- JOHN E MURPHY (RESIGNED)
1615 CLARE AVE
WEST PALM BEACH, FL 33401

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

VICTOR MARTINELLI
1801 CENTREPARK DRIVE E, SUITE 150
P.O. Box NOT acceptable
WEST PALM BEACH, FL 33401

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.

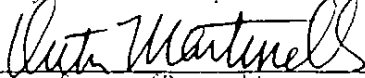


Signature of an officer or director

LISA LETTENMAIER DIRECTOR

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.



Signature of Registered Agent

JUNE 15, 2017

Date

If signing on behalf of an entity:

Typed or Printed Name

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