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COVER LETTER

	of Corporations	
SUBJECT:	Matey,	
	Name	of Corporation
DOCUMENT N	UMBER:623220	
The enclosed Stat	ement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all c	orrespondence concerning this	matter to the following:
	Rebecca M.	
	Name o	of Contact Person
	Matey,	Inc.
		rm/Company
	5100 Ocean	Beach Blvd.
		Address
	Cocoa Beach	n, FL 32931
		ate and Zip Code
	_	
-	lasolas@bea	for future annual report notification)
	E. man address. (10 oc used	Total Camular report notification)
For further inform	nation concerning this matter, pl	lease call:
Rebecca	a M. Matey	at (321) 784-2706
Na	ime of Contact Person	at (321) 784-2706 Area Code & Daytime Telephone Number
Enclosed is a \$35.	.00 check made payable to the I	Department of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporation P.O. Box 6327	ns Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	The second secon	Tallahassee, FL 32301

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

statement of change is submitted in order to change its re	• •			
1. The name of the corporation:_	Matey, Inc	•		
2. The principal office address:				
	Cocoa Beach,	FL 32931		
3. The mailing address (if differe	nt):			
. Date of incorporation/qualification: 1979 Document number: 623220		0		
5. The name and street address of Florida Department of State: (I			office on file with t	he
Th	omas W. Matey,	Sr.		
36	0 Sailfish Cov	re		
Sa	tellite Beach,	FL 32937	_	
6. The name and street address of (if changed): Re	f the new registered ager		DEC :	12 parting 1
	00 Ocean Beach		20 P	
	P.O. Box NOT	acceptable	\$ 1 ±	
Co	coa Beach, FL	32931	<u> </u>	
The street address of its registeres changed will be identical.	ed office and the street	address of the busi	ness office of its re	gistered ager
Such change was authorized by authorized by the board, or the c		by its board of dir tified in writing of	rectors or by an offi the change.	cer so
Revecus W. W. Signature of an officer or direct	latey	Vice Pres	sident or typed name and title	
I hereby accept the appointment I further agree to comply with the performance of my duties, and I agent. Or, if this document is be hereby confirm that the corpora	ne provisions of all stati am familiar with and a ging filed merely to refle	ites relative to the ecept the obligation ect a change in the	proper and comple in of my position as registered office ac	registered -
RUSECCA W.) Signature of Registered As	Matrix	12/17,	/17	
Signature of Registered Ap	geni		Date	
If signing on behalf of an entity:				

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