724086

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | e #) |
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C. CARROTHERS

COVER LETTER

Division of Corporations

724086 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:

For further information concerning this matter, please call:

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

TO:

Amendment Section

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 Houda in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Royal Stavart Orno Jac 170-5-A-Cordoninum |
| 2. The principal office address: The Rayal Stowart Harkeway |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 1972 Document number: 72 4086 |
| 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) |
| The Royal Stewert Yorkway Dunedin, FL 34698 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Changed): Changed: Changed Standard Tarkenay P.O. Box NOT acceptable Denedin F L 34698 |
| 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 Jacquelin Lagra JACQUELINE GAGNE - TREASURER Signature of an officer or 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 ham 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 Date |
| If signing on behalf of an entity: Suann Schey Typed or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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