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DEPARTMENT OF STATE DIVISION OF CORPORATIONS
TALLAHASSEF, FLORIDA

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CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE : 690787 7821382

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: February 28, 2011

ORDER TIME : 9:22 AM

ORDER NO. : 690787-015

CUSTOMER NO: 7821382

CHANGE OF AGENT

NAME: APPLEDORE MARINE ENGINEERING,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation orga	102, 607, 1508, or 617, 1508, Florida Statutes, this unized under the laws of the State of New Hampshire stered agent, or both, in the State of Florida.	
1. The name of	f the corporation: APPLEDORE MAR	LINE ENGINEERING, INC.	
2. The principa	al office address: 600 State Street, Suite	e E, Portsmouth NH 03801	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 06/07/2007	Document number: F07000002964	
	nd street address of the current registered a artment of State:	agent and registered office on file with the	
	CT Corporation System	SEC TALL	
	1200 South Pine Island Road	SECRETATALLAHA	11
	Plantation, FL 33324	ASSE	
6. The name an (if changed):	nd street address of the new registered age Corporation Service Company	ent (if changed) and /or registered office	DK 1:55
	1201 Hays Street		
	(P.O. Box NOT acceptable	c)	
	Tallahassee, FL 32301		
		t address of the business office of its registered agent,	
Such change wanthorized by j	as authorized by resolution duly adopte the board, or the corporation has been no	ed by its board of directors or by an officer so otified in writing of the change.	
Arch	The of an officer or director)	Noah J. Elwood, P.E. Nice Reside	سلاما
of my duties, ai document is be corporation ha	na I am jamiliar with and accept the obling filed merely to reflect a change in the second continuity of this change in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if thi, he registered office address, I hereby confirm that the e.	<u> </u>
Corporati	ion Service Company	3/2/11	
	ignature of Registered Agent)	(Datc)	
f signing on be	chalf of an entity:		
	et, Asst. Vice President		
	Typed or Printed Name) * * * FILING FI	FF. 625 00 + + +	
	" " " FILING FI	ee: 333.00 " " "	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)