

F070000005758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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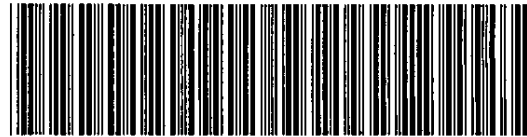
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED

C. LEWIS

JUN 6 2014

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NORMANDY South Corporation  
Name of Corporation

DOCUMENT NUMBER: FO7000005758

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:

Donna Manicone  
Name of Contact Person

NORMANDY CORPORATION  
Firm/Company

46 PRINCE ST.  
Address

ROCHESTER NY 14607  
City/State and Zip Code

dmanicone@normandy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Manicone at (585) 256-2600  
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

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

1. The name of the corporation: NORMANDY South Corporation  
2. The principal office address: 46 Prince St  
Rochester NY 14607  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-21-07 Document number: F07000005758

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)

Michael Mercier  
601 Heritage Drive #402  
Jupiter FL 33458

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

Michael Mercier  
530 Ocean Drive #501  
P.O. Box NOT acceptable  
Juno Beach, FL 33408

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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.

Donna Manicone  
Signature of an officer or director

Donna Manicone, SVP  
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]  
Signature of Registered Agent

5-20-14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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