

F100000000 42/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

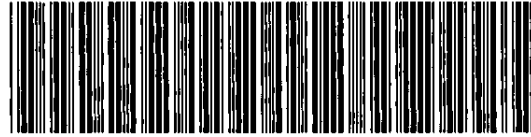
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Certificates of Status

Special Instructions to Filing Officer:

Corrected document
by teleph can
on 9-18-12

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SEP 17 PM 3:12
FILING OFFICE
CALL FOR MORE INFORMATION

SEP 18 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2012

SEP 10 2012

SHERRY DUTTON
HYDRA SERVICE (S), INC.
P O BOX 365
WARRIOR, AL 35180

SUBJECT: HYDRA SERVICE (S), INC.
Ref. Number: F10000004216

We have received your document for HYDRA SERVICE (S), INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form. If you are only changing the registered agent address, the Statement of Change of Registered Office/Registered agent form is the proper form to use.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 612A00022296

RECEIVED

12 SEP 17 PM 8:58

REGISTRATION DATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hydra Service (S) Inc.
Name of Corporation

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:

Sherry Dutton
Name of Contact Person

Hydra Service (S) Inc.
Firm/Company

P.O. Box 365
Address

Warrior AL 35180
City/State and Zip Code

marlene@hydroservice.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Dutton at (205) 647-5326
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 Alabama in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hydra Service (S), INC.
2. The principal office address: 2104 State Hwy 160
Warrior AL 35180
3. The mailing address (if different): P.O. Box 365
Warrior AL 35180
4. Date of incorporation/qualification: 9-20-10 Document number: F10000004216

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)

Francis J Doyle II
111 Maritime Drive
Sanford FL 32771

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

Francis J. Doyle II
250 Springview Commerce Drive
P.O. Box NOT acceptable
DeBary FL 32713

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]
Signature of an officer or director

F.J. Doyle II - President
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

9-17-12
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
SEP 17 PM 3:12
TALLAHASSEE, FL
CLERK OF THE CIRCUIT COURT