

F82818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

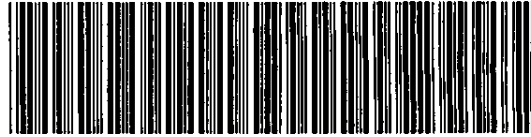
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900246648409

04/15/13--01012--016 **35.00

FILED
13 APR 15 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2A OM

4/23/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shandon, Inc
Name of Corporation

DOCUMENT NUMBER: F82818

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:

Grace V Smith
Name of Contact Person

Shandon, Inc.
Firm/Company

1616 SW 31st Avenue
Address

Ocala, FL 34474
City/State and Zip Code

gracesmith.243@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grace V Smith at (352) 895-2852
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Shandon, Inc
2. The principal office address: 739 E. Silver Springs Blvd #203
Ocala FL 34470
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 5/25/1982 Document number: F 82818

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)

Glover A Smith (DECEASED)
739 E Silver Springs Blvd #203
Ocala, FL 34470

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

Grace V Smith
1616 SW 31st Avenue
Ocala, FL 34474

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 Grace V. Smith
Signature of an officer or director

Grace V Smith
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.

X Grace V. Smith
Signature of Registered Agent

4-9-13
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