

7/30/2015

Jul. 31. 2015 11:16AM

681336

Division of Corporations

No. 2291 P. 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000185209 3)))



H150001852093ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: swemple@sailormen.com

RECEIVED

15 JUL 31 AM 12:24

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
SAILORMEN, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

15 JUL 31 AM 10:53

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG - 3 2015

T CANNON

Electronic Filing Menu

Corporate Filing Menu

Help

Jul. 31. 2015 11:16AM

No. 2291 P. 2
(((H15000185209 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sailormen, Inc.
Name of Corporation

DOCUMENT NUMBER: G81336

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter in the following:

Steven M. Wemple
Name of Contact Person

Sailormen, Inc.
Firm/Company

9500 South Dadeland Blvd., Suite 800
Address

Miami, FL 33156
City/State and Zip Code

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

For further information concerning this matter, please call:

Natalie Leiba-Paul at (800) 277-9977
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

(7/31/2015 10:31:12)

(((H15000185209 3)))

Jul 31, 2015 11:16AM

No. 2291 P. 3

((H15000185209 3)))

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

1. The name of the corporation: Sallormen, Inc.
2. The principal office address: 9500 S. Dadeland Blvd., Suite 800, Miami, FL 33156
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/27/1984 Document number: G81336
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)

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

URS Agents, LLC
1540 Glenway Drive
P.O. box NOT acceptable
Tallahassee, FL 32301

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 of an officer or director

STEVEN M. WHIPLE
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.

Amanda Sanders
Signature of Registered Agent

7/30/2015
Date

If signing on behalf of an entity:

Amanda Sanders - Assistant Secretary
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
CA22013 (03/12)

15 JUL 31 AM 10:53

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H15000185209 3)))