

L50394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

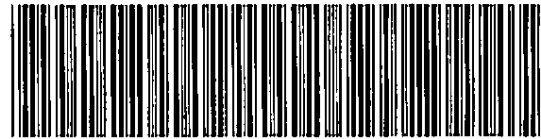
(Business Entity Name)

(Document Number)

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NOV 14 2020
S. YOUNG

DEPT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 OCT -5 PM 1:51

FILED

**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: Custom Built Marine Construction, Inc.
2. The principal office address: 3119 Hammond Road, Ft. Pierce, Florida 34946
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02-09-1990 Document number: L50394
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)

Blaine Hibberd

2400 SE Federal Hwy, Fourth Floor,

Stuart, FL 34994

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

Blaine H. Hibberd


612 SE Central Parkway

P.O. Box NOT acceptable

Stuart, Florida 34994

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

Timothy P. Lennon, Vice 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 of Registered Agent

9-18-20

Date

If signing on behalf of an entity:

Blaine H. Hibberd

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

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TALLAHASSEE, FL 32314