## M8U325

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SECRETARY OF STATE TALLAHASSEE FLORIDA

RARDONS

## COVER LETTER

	EWIS MARINE SU	(Name of Corporation)
DOCUMENT	NUMBER: M86325	
		Registered Office/Agent and fee are submitted for filing.
	· · · · · · · · · · · · · · · · · · ·	rning this matter to the following:
i		and the second s
	TLS/NRAI	
	TEOMINA	(Name of Contact Person)
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endin eksplerin in vir en	NRAI	atatudu bu ayan muda yang da sang mahi salang sahunya kayar anin daga manang dalah sa sang mahi sa ku sa sa s Mahi ya ya ya sang mahi ya ha sa sa sa sa sang ayang sa sa matang sang sang sa sang mahi sa sang sa sang sa sa
		(Firm/Company)
	2731 EXECUTIVE	E PARK DRIVE, SUITE 4
	2731 EXECUTIVE	E PARK DRIVE, SUITE 4 (Address)
	2731 EXECUTIVE	(Address)
	٠.	(Address)
For further info	٠.	(Address) 31 (City/State and Zip Code)
For further info	WESTON, FL 3333	(Address)  31 (City/State and Zip Code) matter, please call:
	WESTON, FL 3333 rmation concerning this	(Address)  31 (City/State and Zip Code) matter, please call:
	WESTON, FL 3333	(Address)  31 (City/State and Zip Code) matter, please call:  at ( 954 ) 318-2787
	WESTON, FL 3333 rmation concerning this TLS/NRAI Name of Contact Person	(Address)  31 (City/State and Zip Code) matter, please call:  at ( 954      ) 318-2787 n) (Area Code & Daytime Telephone Numb
	WESTON, FL 3333 rmation concerning this TLS/NRAI Name of Contact Person	(Address)  31 (City/State and Zip Code) matter, please call:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



November 10, 2010

TLS/NRAI NRAI 2731 EXECUTIVE PARK DRIVE - SUITE 4 WESTON, FL 33331

SUBJECT: LEWIS MARINE SUPPLY OF GREENPORT, L.I., INC.

Ref. Number: M86325

We have received your document for LEWIS MARINE SUPPLY OF GREENPORT, L.I., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and print your name in the spaces provided when signing on behalf of an enity.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 410A00026491

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
-	lange is submitted for a corporation organized under the laws of the State of $\frac{FL}{}$ ler to change its registered office or registered agent, or both, in the State of Florida.	
in orac		
1. The name of	the corporation: LEWIS MARINE SUPPLY OF GREENPORT, L.I., INC.	
•	d office address:	<u>.</u>
220 SW 32	2ND STREET FORT LAUDERDALE FL 33315	
3. The mailing	address (if different):	
P.O. BOX	( 21107 FT. LAUDERDALE FL 33335-1107 US	•
4. Date of incor	rporation/qualification: 06/21/1988 Document number. M86325	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	STEPHENS, JOHN E 220 SW 32ND ST FORT LAUDERDALE FL 33315 US	
		ير م
	ad street address of the new registered agent (if changed) and /or registered office	1
6. The name and (if changed):	NRAI Services, Inc.	ببريا
	2731 Executive Park Drive, Suite 4	6
	(P.O. Box NOT acceptable)	
<b>.</b>	Weston, FL 33331	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, il be identical.	٠,
Such change w authorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	٠
(Signat	ture of an officer or director)  OHN E. STEPHENS VIV.  (Printed or typed flame and little)	
I further agree of my duties, ar document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the s been potified in writing of this change.	,
	1 MWW ASSTS 1(-1001)  ignature of Registered Agent) (Date)	
	Typed of Printed Name SM + * FILING FEE: \$35.00 * * *  MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	
M	IAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (8/05)