

N 09000010791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

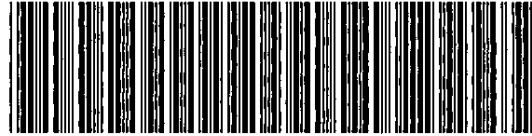
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. GOLDEN

JUN - 6 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMERALD COAST LIGHTNING LACROSSE, INC.
Name of Corporation

DOCUMENT NUMBER: N09000010791

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:

PATRICK DUKE POPE

Name of Contact Person

EMERALD COAST LIGHTNING LACROSSE, INC.

Firm/Company

824 COUNTRY CLUB AVENUE

Address

FORT WALTON BEACH, FL 32547

City/State and Zip Code

✱ ECLIGHTNINGLACROSSE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK DUKE POPE

Name of Contact Person

✱ (850) 499-8557

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

1. The name of the corporation: EMERALD COAST LIGHTNING LACROSSE, INC.
2. The principal office address: 824 COUNTRY CLUB AVENUE
FORT WALTON BEACH, FL 32547
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/06/2009 Document number: NOP10791

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. JEFFREY MCINNIS
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547

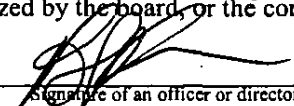
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TALLAHASSEE, FLORIDA

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

PATRICK DUKE POPE
824 COUNTRY CLUB AVENUE
P.O. Box NOT acceptable
FORT WALTON BEACH, FL 32547

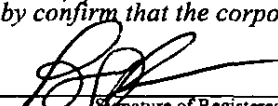
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 
Signature of an officer or director

Patrick Duke Pope , 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.

X 
Signature of Registered Agent

X MAY 27, 2017
Date

If signing on behalf of an entity:

Patrick Duke Pope

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)