

N10000002556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

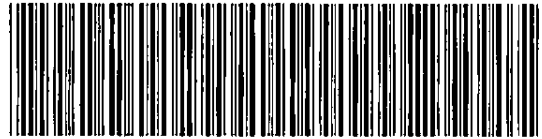
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. MARKS WATERFRONTS FLORIDA PARTNERSHIP, INC.
Name of Corporation

DOCUMENT NUMBER: N10000002556

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:

Shadrach Hines

Name of Contact Person

Firm/Company

PO Box 05

Address

St. Marks/Florida, 32355

City/State and Zip Code

discoverstmarks@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shadrach Hines

Name of Contact Person

at (850) 328-9851

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ST. MARKS WATERFRONTS FLORIDA PARTNERSHIP, INC.
2. The principal office address: 69 RIVERSIDE DRIVE ST MARKS, FL 32355
3. The mailing address (if different): PO Box 05, St. Marks FL 32355
4. Date of incorporation/qualification: 03-09-2023 Document number: N10000002556
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)
DUNLAP, ANITA
449 ACE HIGH STABLES ROAD, CRAWFORDVILLE, FL 32327
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rani Richardson

850 Port Leon Drive, St. Marks FL 32355

P.O. Box NOT acceptable

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 Shadrach Hines 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.

Rani Richardson 04/16/2024 Date

Signature of Registered Agent

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
CR2E045 (04/13)