N13932

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (City/State/Approvide #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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C. GOLDEN APR - 9 2019

COVER LETTER

TO: Amendment Section Division of Corporations

Escambia Bay Facilities, Inc.

N13932

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:

Michele Williams

Name of Contact Person

Firm/Company

2033 Eventide Road

Milton, FL 32583
City/State and Zip Code

michelew1203@gmail.com

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

For further information concerning this matter, please call:

Michele Williams

850 572-0159

Area Code & Daytime Telephone Number

Name of Contact Person

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

| statement of cha | nge is submitted for a corporation | 7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o registered agent, or both, in the State o | f Florida | |
|--------------------------------------|---|--|-----------------------|-------------|
| The name of t The principal | he corporation: Escambia B office address: 2013 Eventi | Bay Facilities, Inc. de Road, Milton, FL 325 | 583 | |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 03/20/1 | 986 Document number: N13 | 932 | |
| | street address of the current regist timent of State: (If resigned, enter r | ered agent and registered office on file esigned) | with the | |
| | Betty E. Stephens | | | |
| | 2013 Eventide Road | | - 21 | |
| | Milton, FL 32583 | | | 77 . |
| 6. The name and (if changed): | street address of the new registere | d agent (if changed) and /or registered | office 1 | |
| | Michele Williams | | AMILIE I |) |
| | 2033 Eventide Road | | | |
| | Milton, FL 32583 | ox NOT acceptable | _ | |
| The street addre | ss of its registered office and the sbe identical. | street address of the business office of | its registered agent, | |
| | | lopted by its board of directors or by a en notified in writing of the change. | n officer so | |
| | er of an officer or director | Colie Nichols, Jr., P | resident | |
| I hereby accept I further garee t | the appointment as registered age | Printed or typed name and cont and agree to act in this capacity. It statutes relative to the proper and cand accept the obligation of my position reflect a change in the registered off field in writing of this change. | amnl <i>ata</i> | |
| michile | Williams | March 25, 2019 | _ | |
| Į. | nature of Registered Agent half of an entity: | Date | | |
| Michele W | • | | | |
| | ped or Printed Name | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *