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COVER LETTER

Amendment Section

TO:

SUBJECT: OUEEN'S HARBOUR TACHT CLUB, INC. Name of Corporation DOCUMENT NUMBER: N14000002706 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: DEBRA LEWAINE Name of Contact Person TREASURER- QUEEN'S HARBOUR YACHT CLUB, INC. Firm/Company 417 BLAGDON COURT Address JACKSONVILLE, FLORIDA 32225 City/State and Zip Code DLEWAINE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	Division of Corporations
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Address JACKSONVILLE, FLORIDA 32225 City/State and Zip Code DLEWAINE@GMAIL.COM E-mail address: (to be used for future annual report notification)	TREASURER- QUEEN'S HARBOUR YACHT CLUB, INC.
Address JACKSONVILLE, FLORIDA 32225 City/State and Zip Code DLEWAINE@GMAIL.COM E-mail address: (to be used for future annual report notification)	Firm/Company
JACKSONVILLE, FLORIDA 32225 City/State and Zip Code DLEWAINE@GMAIL.COM E-mail address: (to be used for future annual report notification)	417 BLAGDON COURT
City/State and Zip Code DLEWAINE@GMAIL.COM E-mail address: (to be used for future annual report notification)	Address
DLEWAINE@GMAIL.COM E-mail address: (to be used for future annual report notification)	JACKSONVILLE, FLORIDA 32225
E-mail address: (to be used for future annual report notification)	City/State and Zip Code
	DLEWAINE@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:	•
For further information concerning this matter, please call:	
	For further information concerning this matter, please call:
DEBRA LEWAINE at (732)580-2410	DEBRA LEWAINE at (732)580-2410
DEBRA LEWAINE at (732)580-2410 Name of Contact Person Area Code & Daytime Telephone Number	Name of Contact Person Area Code & Daytime Telephone Nun

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

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organizea er to change its registered office or registered	under the laws of the State of FLORIDA
2. The principal	the corporation: QUEEN'S HARBOUR YACH office address: 238 QUEENS HARBOUR BLV	/D
	E, FLORIDA 32225	
3. The mailing a	address (if different): 417 BLAGDON COURT	JACKSONVILLE, FLORIDA 32225
4. Date of incor	address (if different): 417 BLAGDON COURT poration/qualification: 03/18/2014	_ Document number: N14000002706
5. The name and	d street address of the current registered agent rtment of State: (If resigned, enter resigned)	
	MARTIN DAVID REES-RESIGNED	
	13639 QUEENS HARBOUR BLVD (N)	
	JACKSONVILLE, FLORIDA 32225	S 23
6. The name and (if changed):	d street address of the new registered agent (if	
	DEBRA LEWAINE	ASS
	417 BLAGDON COURT	EF S
	P.O. Box NO JACKSONVILLE, FLORIDA 32225	Facceptable S
The street address changed will	ess of its registered office and the street addition to be identical.	ress of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by he board, or the corporation has been notifie	its board of directors or by an officer so d in writing of the change.
	uder Ellis	DY ELLIS
71	re of an officer or director	Printed or typed name and title
I hereby decept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and ag to comply with the provisions of all statutes ad I am familiar with and accept the obligati ing filed merely to reflect a change in the reg s been notified in writing of this change.	ree to act in this capacity. relative to the proper and complete performance on of my position as registered agent. Or, if this gistered office address, I hereby confirm that the
Jehra	Lawaine M	AY 31, 2020
Sig	mature of Registered Agent	Date
If signing on be	half of an entity:	
DEBRA LEWAI	NE	
Ţ	yped 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)